VS. A15-10-53

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (17838

CERTIFICATI	E OF DEATH Reg. Dist	t. No. 2/7
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	.D:
COUNTY Morelgoning MARYLAND	STATE MA COUNTY MOS	Jones
OR end give nearest town)  CITY (If outside corporate limits, write RURAL (in this place)	CITY(If outside corporate limits, write RURAL OR' TOWN	elles da M
HOSPITAL OR INSTITUTION OR PURSUES NURSUES Home	STREET ADDRESS Clipper Law	ie,
DECEASED: (Type or Print) Julea O Cla	and OF DEATH: Quy,	2719 5 S
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED, DIVORCED DEC. (Specify): Armed Dec.		YEAR INUNOER 24 HRS. Days Hours Min.
work done during most of working life, even if retired the second	11. BIRTHPLACE (State or foreign country): 12.	COUNTSY?
13. FATHER'S NAME: Brown	Larah Linkus	wis
18. Was Deceased Ever No. U.S. Armeo Forces: (Yes, no, or unk.) (If Yes, give war or dates of service)	Bertha Brown - Ro	cherele
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Thrombons	ONSET AND DEATH
ANTECEDENT CAUSE (S)	),	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B)  OUE TO	n Varicon Veren	years
(c) Under	end disease	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Belies	weeks
19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER. NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	ty) (State)
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	20, 1940 to lug2/, 19 Sthat I last	t saw the deceased
alive on (1955), and that death occurred at	ADDRESS	stated above. TE SIGNED 2 9. 55
	ERY OR CREMATORY LOGATION (City, town, or	county) (State)
DATE DECID BY LOCAL   DESTRUCTION	A MINERAL DIRECTOR	Annarda . a

BUREAU V. S.

S A HVHAIR

BECEINED

Reg. Dist. No. 223

Bethesda, Md.

PLACE OF DEATH:

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE TYPE OR

A15-10-53

VS.

COUNTY MONTGOMETY MARYLAND	STATE Maryland county Mon	tgomery
CITY (If outside corporate limits, write RURAL LENGTH OF S OR and give nearest town) (in this place	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
/7тоwn Takoma Park		17
HOSPITAL OR Oak Haven Nursing Home of Street Address 517 Albany Ave, Takoma	e STREET (If rural give location)	1
3. NAME OF (First) (Middle) DECEASED: NAME OF (First)	(Last) 4. DATE (Month) (I	Day) (Year)
(Type or Print) MARY D. AR	NOLD DEATH: August	13 19 55
RACE: WIDOWED, DIVORCED.	DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	ANS Hours Min.
Female   White   (Specity): single   Fet	0.17, 10/7	CITIZEN OF WILLE
work done during most of working life, even if retired): Artist U.S. Govt.	Washington, D.C.	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	V
Henry F. Arnold	Fannie ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	o. 17. INFORMANT & ADDRESS: Edw. A.	Dent, Jr.
(Yes, no, or unk.) (If Yes, give war or dates None	Nat.Met.Bk. 613-13th St.N	
18. MEDICAL CERTIF	FICATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0 0. 1	ONSET AND DEATH
603X (Ineum	in Browhiel	vden
IMMEDIATE CAUSE  (A)  DUE TO	)	
ANTECEDENT CAUSE (S)	malfaciene	Prober Ems.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	71	
(c) Q	0	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	fast from Rhendors author	? 20
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERA	ATION	20. AUTOPSY?
D	0	YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office (IF EITHER, NOTIFY MEDICAL EXAMINER)	n, factory, bldg., etc. 21c. WHERE DID (City or town) (Count INJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCUI While Not while at work at work	RRED   21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	9 54, 19 , to the B , 1955, that I last	saw the deceased
alive on 1955, and that death occurred	ad at 6 16 M, from the causes and on the date:  ADDRESS  DATE  M. D. 500 linderwood of M. M.	stated above 15/5
	METERY OR CREMATORY   LOCATION (City, town, or	county) (State)
REMOVAL (SPE¢IFY) Burial 8- 17-55 Ft. L:	incoln Cem   Prince Georg	e Md.

FUNERAL DIRECTOR

Donal -1214 Spun St.

BUREAU V. S.

AUG 17 1955

BECEINED

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Montgomery MARYLAND	STATE Maryland county Montg	omerv
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL an	d give nearest town)
X TOWN Bethesda	Town Silver Spring	56
HOSPITAL OR	STREET (If rural give location)	1
Street ADDRESS Suburban Hospital	ADDRESS 9204 2nd Ave.	of consultation
DECEACED	(Last) 4. DATE (Month) (Da	-
(Type or Print) Marlon Lee Appl		8 1955
	OF BIRTH: 9. AGE last birthday IF UNDER 1 YE	The second second
Male   White   (Specify) Widowed   11/25	5/68 86 yrs. Months Da	
work done during most of working life. even if retired): Electrician U.S. Navy Yard	Dickerson, Maryland	OUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Malter Franklin Appleby	Nannie Hempstone	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.		
(Yes, no, or whk.) (If Yes, give war or dates	Mrs. Paul M. Coughlan, 8717 1s	
yes of servic Spanish-American none	Silver Spring, Mo	The second secon
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
11201	1.	O AND DEATH
IMMEDIATE CAUSE (A)	any Occusion	Jumedist &
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, (B)	clerosis & Coronan acteries	25 years
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	0 -	20. AUTOPSY?
cue 16. 1955 Jucacceration in	una herna	YES NO T
21A. ACCIDENT WAS UNDERLYING	21c. WHERE DID (City or town) (County	) (State)
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY While While at work at work		
22. I hereby certify that I attended the deceased from Cur.	16 1965 to Our 15 1055 About I look	the deserved
alive on Car 18, 1953, and that death occurred at	M, from the causes and on the date st	tated above.
( ) ( ) a ) Alama a ( ) a		w. 1955
	D. 1801 EYEST LW.  ERY OR CREMATORY   LOCATION (City, town, of	
REMOVAL (SPECIFY) 0/22/55 Grace Episcop	pal Church \ Montgomomy County	1
DATE PECID BY LOCAL   PECISTRADIS SIGNATURE	1 24. FUNERAL DISECTOR	ADDRESS
REGISTRARY/2455 Busic in Hamban	41/2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a. Ave.

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BUREAU V. S.

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BECEINED

PLEASE WRIT

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

U7841
Reg. Dist. No. 2 / 7

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-	
MARYLAND MARYLAND	STATE COUNTY	Pina
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
Y TOWN (in this place) ROYN TOWN	TOWN Bladensburg.	~ d 16-33-2.
HOSPITALOP	STREET (If rural, give location)	- 0/6 V3-20
INSTITUTION OR DIAGRAM	ADDRESS	
STREET ADDRESS RT 1. Silver Springind.	Detence Highwa	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) PNNIE	BAILEY DEATH 8	11 1955
6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday   If under   Months	I year   If under 24 hra.
Female C   WIDOWED, DIVORCED, (Specify) & make	Unknowh. 90 yrs. Months	Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business on		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY		COUNTRY?
13. FATHER'S NAME	14_MOTHER'S MAIDEN NAME	CINCE YOU.
01 13 . 1	The state of the s	·43 °C
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	Linnie Paris	
15. Was Decrased Ever In U.S. Armed Forces?   16. Social Security No. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
no service)	15ladens burg, m	-0
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
	11- 1 -	UNBET AND DEATH
Immediate cause (a) Territal	1 monhas	48 bacce
Immediate cause		
Immediate cause  Antecedent cause(s)  Diseases or conditions, if any, (b)  Immediate cause  Antecedent cause(s)	122-1. 1. 1.	FRAI -
	WCo- Feller Fel	
giving rise to the above cause stating the underlying cause last		V:
(e)		
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not		
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		1 DO ATTMONOTOR
198. DATE OF OFERATION 199. MAJOR FINDINGS OF OFERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	-
OF INJURY  m. While at Not While Work At work		
22. I hereby certify that I attended the deceased from 8-10	. 1955 to 8-11 . 1955 that I last as	w the decessed
alive on 8-10- , 1955, and that death occurred at a		ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
KYNO	0 1 (1 1 1	6 0
14118	Dandy Spring, Md	8-11-55
	RY OR CREMATORY   LOCATION City, town, or count	y) (State)
RCHOVAL (Specify) 8-15-55 Woodlawn	J Washington, D.	0.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE,	24FUNERAL DIRECTOR	ADDRESS
REW_11-61 Grahade R Tank	Kalenty & me & in	Verandia.
- 1 3 John Comme & Janon	Jen	010-4-3
	Wall to	e n.w.

DECENTED

SEGI PS DUA

BUREAU V. S.

Supply every item of information carefully. The

PLEASE

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 () CERTIFICATE OF DEATH

Jy.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
legibl	county Montgomery Maryland	STATE Md. COUNTY MIN
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
9	X TOWN riendship Heights 9 (in this place)	OR —
and	X Town riendship reights 9 was	TOWN Friendship deights
>	HOSPITAL OR	STREET (If rural give location)
21	INSTITUTION OR STREET ADDRESS	5532- Prospect St.
clearly	( SIRE! ADDRESS	5532- Prospect St.
		Last)   4. DATE (Month) (Day) (Year)
death	DECEASED: (Type or Print) Lillian A. Ba:	rthel DEATH: Aug. 11 19 55
leg		
of	RACE: WIDOWED DIVORCED /	TOTAL PART OF CHARGE TO CHARGE TO CHARGE TO CHARGE
	Female White Specific downed fin 6	yrs. Months Days Hours Min.
causes	NOA. USUAL OCCUPATION (Give kind of: 108. KIND OF BUSINESS )	11. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHAT
in I	work done during most of working life. even if retired) Housewife at Home	CQUNTRY?
ပိ		Washington V.C. Ce, S.
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
دد	Fredough Bergaret	Chart Kaussen
write	15. WAS DECEASED EVER IN U.S. ARMED DECEST   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
WI	(Yes, no. or unk.) (If Yes, give war or dates	
	no of service) - none	Eda S. Matt. 3429 tulanective
ease	18. MEDICAL CERTIFICATI	ION Hyellandayen BETWEEN
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	420.1	4-/
503	IMMEDIATE CAUSE (A)	any ellerations 2 days
an	DUE TO -	
Physicians	ANTECEDENT CAUSE (S)	a clearte a Credian a 1010
YS	DISEASES OR CONDITIONS, IF ANY. (B)	sicarie 10 glas
2	STATING UNDERLYING CAUSE LAST.	
	(C) N750	when deserse
E I	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
rts	TO THE DEATH BUT NOT RELATED TO THE	
od	DISEASE OR CONDITION CAUSING DEATH.	
important.	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES NO D
	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factor	The Control of the Co
especially	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
bet	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
es	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   While Not while	21F. HOW DID INJURY OCCUR?
	OF INJURY While Not while at work at work	
100	^	15.45 64211 55
age	22. I hereby certify that I attended the deceased from Mile	
ದ	alive on all , 1955, and that death occurred at	M, from the causes and on the date stated above.
ct	SIGNATURE ( )	ADDRESS DATE SIGNED
re	(HILL 2. Puris M.	1014( 1 st un 8-11-5)
correct		RY OR CREMATORY   LOCATION (City, town, or county) (State)
	REMOVAL (SPECIFY)	1 Control (old, with, or county)
	Burial (mg 13, 1950 1) cla Creek	com Wash. D. C.
	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
	REGISTRAR SILLS BOOK SILLS WILL STORE FOR THE	S. H. Hines Co 2901-14 th St. M. W
	of the sale the mountain	011111111111111111111111111111111111111

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BUREAU V. S.

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STATE OF STREET, STATE OF STAT

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

117	84	3
Reg	. Di	st.

		OWNERS OF A FRANCE	0.77	-	
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No.

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Montgon	nery
CITY (If outside corporate limits, write RURAL OR and give nearest town) CTOWN Silver Spring LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Silver Spring	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11,602 Gail Street	STREET (If rural, give location) ADDRESS 11,602 Gail Street	/
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Burnell Joseph Bateman	(Last)  4. DATE (Month) (Day)  OF  DEATH Cong.	1955
Male White Specify: Divorced Oct.	OF BIRTH: 9. AGE last birthday: I UNDER I YI 23, 1900 54 yrs. Months Da	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of Not life, work done during most of work life, even if retired): Painter - Self-employed		COUNTRY? U.S.A.
13. FATHER'S NAME: George A. Bateman	14. MOTHER'S MAIDEN NAME: Elizabeth J. Maroney	
16. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unk.) (If Yes, give war or dates of Yes service) ##2 578-18-8231	17. INFORMANT & ADDRESS: Miss Rose Bateman, 5301 4th Ave. Lynchburg, Virgini	ia
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause  stating underlying cause last  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	clusion	INTERVAL BETWEEN ONSET AND DEATH Close Conf
DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., INJURY		(State)
2Id, TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. □ at work □	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes K, Accidentally Broschaut  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	dent [], Suicide [], Homicide [], Undeter:  CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	mined cause .  DATE SIGNED  8-8-55
REMOYAL (Specify): Aug. 11, 1957Arlington Nat DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1153		nia ADDRESS
	A CLASTAGE ANTTE	16 ) may y walle

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important, Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS. A15A - 5 - 53

SECENAED SA

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No 214
					NO

106. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR INDUSTRY: Work done during most of tayer, life, even if retired;   Barder & Ross Co.   Country:   12. CITIZEN OF WILL O	WHO CITE HILLIAM COLUMN	THE TOTAL OF THE PARTY	2101
CITY (If outside corporate limits write RURAL of give nearest town OR and give nearest town OR and of the property of the prop	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
CITY (If outside corporate limits write RURAL LENGTH OF STAY OR OR and outside corporate limits write RURAL spig give nearest town OR and outside corporate limits write RURAL spig give nearest town OR	COUNTY Maryland MARYLAND	STATE med COUNTY montes	
ADDRESS 96	CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	OR 10	give nearest town)
DECASED: (Type or Print) (Type	INSTITUTION OR	ADDRESS 0/15	_ /
Specific	DECEASED: Mary D	OF DEATH	
INDUSTRY:	Level widowed, bivorced, (Specify): Married	2-28-03 5/ yrs. Months Da	ys Hours Min.
14. MOTHER'S MADE:  15. WAS DECARDE EVER IN U.S. ARMED FORCES TO YEE, no, or unk.) [If Yee, give war or dates of service)  16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS:  17. INFORMANT & ADDRESS:  18. MEDICAL CERTIFICATION  18. MEDICAL CERTIFICATION  19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  18. MEDICAL CERTIFICATION  19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  19. DATE of OPERATION: 19. MAJOR FINDING OF OPERATION:  19. DATE OF OPERATION: 19. MAJOR FINDING OF OPERATION:  21. EXTERNAL CAUSE WAS TO CONTRIBUTING OF OPERATION:  21. EXTERNAL CAUSE WAS TO SHAPE OF CONTRIBUTING OF OPERATION:  21. TIME (Month) (Day) (Year) (Hour) 21. INJURY OCCURRED NURY)  22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection S. Inquiry S. SIGNATURE  22. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY MORE DATE SIGNE SIGNATURE  24. FUNCAL PROCESSOR.  25. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY MORE DATE SIGNE SIGNATURE  26. AUTOPSY?  27. AUTOPSY?  28. AUTOPSY?  29. AUTOPSY?  21. HOW DID INJURY OCCUR?  30. AUTOPSY?  31. HOW DID INJURY OCCUR?  32. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY MORE DELTY MEDICAL EXAMINER DATE SIGNED SIGNATURE  29. AUTOPSY?  20. AUTOPSY?  21. HOW DID INJURY OCCUR?  30. AUTOPSY?  31. HOW DID INJURY OCCUR?  32. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY MORE DELTY MEDICAL EXAMINER DATE SIGNED SIGNATURE  21. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY MORE DELTY MEDICAL EXAMINER DATE SIGNED SIGNATURE  24. FUNCAL PROCESOR  25. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY MORE DELTA EXAMINER DATE SIGNED SIGNATURE  26. AUTOPSY?  27. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY MORE DELTA EXAMINER	work done during most of work life, INDUSTRY:		COUNTRY?
15. WAS DECASED EVER IN U.S. ARRED FORCES (Yes, no, or upk.) [If Yes, give war or dates of everyce)  16. Social Security No.: 17. Informant & address: (West, no, or upk.) [If Yes, give war or dates of everyce)  18. MEDICAL CERTIFICATION  18. MEDICAL CERTIFICATION  19. MAJOR FINDING OF OPERATION: 19. MAJOR		14. MOTHER'S MAIDEN NAME:	
Service   Serv	Jonas Law	Gertrude Koch	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:    Immediate cause	(Yes, no, or unk.) (If Yes, give war or dates of	1	as Itun 2
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  (a) DUE TO  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause last to stating underlying cause last TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION:  19a. DATE OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING OF OPERATION:  21b. PLACE (Home, farm, factory, OF street, office bidg., etc., INJURY OF OPERATION:  21c. INJURY  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED Work of Signature	18. MEDIC	AL CERTIFICATION	INTERVAL RETWEEN
Immediate cause  Antecedent cause(s)  Diseases or conditions, if any,  (b)  giving rise to the above cause DUE TO stating underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION:  19b. MAJOR FINDING OF OPERATION:  21c. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., NJURY  OF Street, office bldg., etc., NJURY  21d. TIME (Month) (Day) (Year) (Hour) OF NJURY  22l. I hereby certify that I took charge of the remains described above, held an Autopsy I, Inspection M, Inquiry M, selfond I work	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes \  \text{No B}  21a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   OF Street, office bidg., etc., INJURY  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY  22l. Hereby certify that I took charge of the remains described above, held an Autopsy   Inspection   Inquiry	Immediate cause (a) DUE TO	ecclissor	suddu
Stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF OPERATION:  21b. PLACE (Home, farm, factory, street, office bldg., etc., INJURY OF OF DEATH.  21c. (City or town) (County) (State)  21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY  21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY  22e. I hereby certify that I took charge of the remains described above, held an Autopsy I, Inspection I, Inquiry I, at work I at work I, Suicide I, Homicide I, Undetermined causes Industry M. D. Assistant Medical Examiner DATE SIGNE OF INJURY MEDICAL EXAMINER DEPUTY	Diseases or conditions, if any, (b)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20a. AUTOPSY? Yes □ No p  21a. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ 21b. PLACE (Home, farm, factory, of street, office bldg., etc., INJURY  21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work □ 21f. HOW DID INJURY OCCUR?  21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work □ 21f. HOW DID INJURY OCCUR?  22. I hereby certify that I took charge of the remains described above, held an Autopsy □, Inspection ☑, Inquiry ☑, a find that death resulted from: Natural causes ☑, Accident □, Suicide □, Homicide □, Undetermined causes ☐ SIGNATURE  22. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY BURIAL (Specify): 8/4/55 Park awn Cemetery  DATE RECO BY LOCAL REGISTRAR'S SIGNATURE  PARK awn Cemetery  DATE RECO BY LOCAL REGISTRAR'S SIGNATURE REGO A / 5 5  REGISTRAR'S SIGNATURE  24, FUNERAL DIRECTOR  8434 Ga. ADDRESS  REGEO A / 5 5	stating underlying cause last		
19a. Date of Operation:   19b. Major finding of Operation:   20. Autopsy?   Yes   No E   No	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
PRIMARY   or CONTRIBUTING   OF street, office bldg., etc., CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED While at work   21f. HOW DID INJURY OCCUR?			20. AUTOPSY? Yes   No
OF INJURY  M. While at work □  22. I hereby certify that I took charge of the remains described above, held an Autopsy □, Inspection ☒, Inquiry ☒, & find that death resulted from: Natural causes ☒, Accident □, Suicide □, Homicide □, Undetermined cause ☐ SIGNATURE  SIGNATURE  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY DEPUTY MEDICAL EXAMINER ☐ BURIAL (Specify): 8/4/55 Parklawn Cemetery Montgomery County, Md.  DATE RECO BY LOCAL REGISTRAR'S SIGNATURE  DATE RECO BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR 8434 Ga. ADDRESS REG. 6. 6. 6. 6. 5. 5. 5. 5. 6. 6. 6. 6. 6. 6. 5. 5. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	PRIMARY or CONTRIBUTING OF street, office bldg., etc. CAUSE OF DEATH.	2.5	(State)
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause SIGNATURE	OF While at Not while at work \[ \]		
Burial Burial RECO BY LOCAL REGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR 8434 Ga. APDRESS	find that death resulted from: Natural causes Z, Acci	ident [], Suicide [], Homicide [], Undeter  CHIEF MEDICAL EXAMINER []  DEPUTY MEDICAL EXAMINER []	mined cause  DATE SIGNED
REG. 0 /4 /55	REMOYAL (Specify) // C/1/FF Pomision Com	etery   Montgomery County	, Md.
8/4/35 Chances Talle Walnut & Manghally Silver Spring, M	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 8/4/55	41/2 8 4 0474	ua. Ave.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. A15A - 5 - 53 VS.

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M

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BUREAU V. S.

WRITE

PLEASE TYPE

- 10 - 53

A15-

VS.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 511

CEPTIFICATE OF DEATH

CERTIFIC	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND	District of STATE Columbia COUNTY
CITY (If outside corporate limits, write RURAL) LENGTH O	F STAY CITY(If outside corporate limits, write RURAL and give pearest town
OR and give nearest town) (in this X TOWN Bethesda 4 days	place) OR
HOSPITAL OR The Clinical Center	STREET (If rural give location)
50street address National Institutes of He	ealth 1229 Neal Street, N. E. /
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Georgia Irene	Biscoe DEATH: August 7 1955
RACE: WIDOWED, DIVORCED.	DATE OF BIRTH: 9. AGE last birthday   If UNDER 1 YEAR   If UNDER 24 Hrs.   Hours   Min.
IOA. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	COUNTRY?
even if retired) Homemaker	District of Columbia U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Briggs	Harriet Burrous
15. WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY	No. 17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates None	The medical record, The Clinical Center
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	terioscleratu Heart Historie
DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OP	ERATION 20. AUTOPSY? YES NO
(IF EITHER, NOTIFY MEDICAL EXAMINER)	arm, factory. 21c. WHERE DID (City or town) (County) (State) ice bldg., etc.
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OC While Not wat work at work	while 📉
22. I hereby certify that I attended the deceased from	August 3, 1955, to August 7 1955, that I last saw the deceased
alive on August 7, 1955, and that death occusionature  23. Burial, CREMATION. DATE THEREOF  BEMOVAL (SPECIFY)  2-11-55	The Clinical Center  M. D. National Institutes of Health  CEMETERY OR CREMATORY  M. D. National Institutes of Health  CEMETERY OR CREMATORY  CEMETERY OR CREMATORY  CONTROL (City, town, or county)  (State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ADDRESS

DECEIVED AND 1955

BUREAU V. S.

701100mery

(Day)

Days

12. CITIZEN OF

COUNTRY?

(Year)

19.45

Hours

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY? NO

(State)

St. 7

(County)

BUREAU V. S.

8361 91 **9N4** 

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7863 CERTIFICATE OF DEATH Reg. Dis

			7/	/
eg.	Dist.	No.	21	(

1. PLACE OF DEATH:	2. USUAL RESIDE	NCE (HOME) OF DECE	EASED:
county Montgomery Maryland	STATE Virgi	nia county I	Fairfax
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)			RAL and give nearest town
X TOWN Bethesda 20 days	TOWN Burke		83x-3
HOSPITAL OR The Clinical Center  SOSTREET ADDRESS Natl. Institutes of Health	STREET ADDRESS	(If rural give loca	ation)
ALCOT STEED TO COCK OF THE STEED	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED:	Bovce	OF DEATH: Augus	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDDWED, DIVORCED, (Specific Procedure) 8. DATE	OF BIRTH:	AGE last birthday Month	DER 1 YEAR IF UNDER 24 HRS.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life OR INDUSTRY:	2, 1907	10	12. CITIZEN OF WHAT
even if retired): Administrator Federal Govt.	New Yo		U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MA	IDEN NAME:	
Edward Boyce	Hattie	Doak	
(Yes, no, or unk.) (If Yes, give war or dates of service) W.W. II	17. INFORMANT 8		inical Center
18. MEDICAL CERTIFICAT		record, The Cli	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION		ONSET AND DEATH
	. 12 .	- , ,	, ,
IMMEDIATE CAUSE (A) DWC410944	walancenomo	c wide	142
ANTECEDENT CAUSE (S) DUE TO AMERICA	La Carcina	ele )	
DISEASES OR CONDITIONS, IF ANY, (B)			
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH.			
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	٧		20. AUTOPSY?
None			YES NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUP		(County) (State)
OF INJURY  M. 21E INJURY OCCURRED  While Not while at work at work	21F. HOW DID II	NJURY OCCUR?	
More	7 - 10 FF : A	- 3	
22. I hereby certify that I attended the deceased from July			
alive on Aug. 1, 1955, and that death occurred at SIGNATURE	ADDRESS		date stated above.
Bernard Golet Landau M		cal Center	8/1/53
	RY OR CREMATORY	LOCATION City, toy	wr, of county) (State
REMOVAL (SPEGIFY)	n. x \ 1/		7 71
23. BURI'AL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	n x 11	alling !	on J Va. ADDRESS

WRITE PLAINLY, WITH UNFADING INK. PLEASE TYPE - 10 - 53

Supply every item of infor

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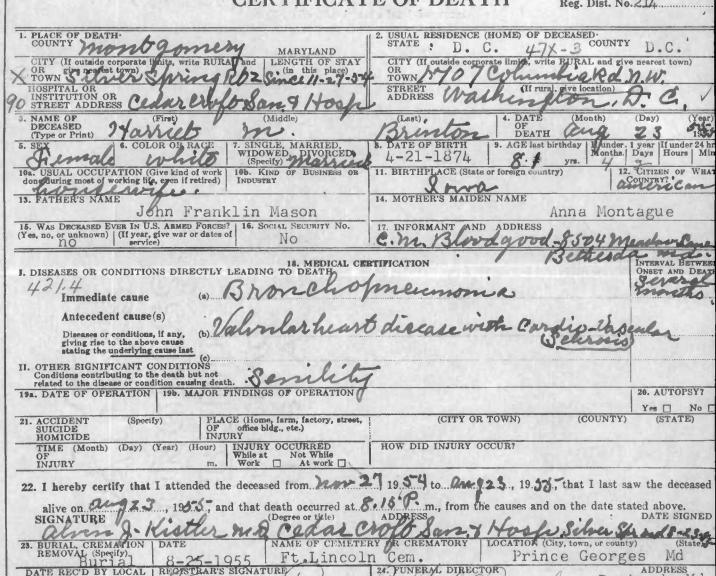
SECEIVED A 1955

BUREAU V. E.

Bethesda, Md

# CERTIFICATE OF DEATH

Reg. Dist. No. 214......









BUREAU V. S.

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BECEINED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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	E OF DEATH Reg. Dist	t. No. 215
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Montgomery MARYLAND	stateVirginia county	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL	and give nearest tow
X TOWN Bethesda Rural 3 mo. 5 days	TOWN Arlington	83 X - 3
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET (If rural give location) ADDRESS 4229 S 36th Street	· /
O: 11711112 O1	(Last) 4. DATE (Month) (	Day) (Year)
DECEASED: (Type or Print) William Edward BROV		24 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED, (Specify) Married 3-11-2	9. AGE last birthday Months 3/, yrs.	YEAR IF UNDER 24 HRS Days Hours Min
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner  OB. KIND OF BUSINESS OR INDUSTRY: U. S. Navy	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Edward BROWN	Dorothy ALDEN	
(Yes, no, or unk.) (If Yes, give war or dates  yes  of service WIII & Korean Unknown	17. INFORMANT & ADDRESS: Wife Marie C. BROWN Same as above	
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEE
160x Acambr	1 of Nonderd Time	
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  (A)  DUE TO	ON OF NEOPHASTIC FLUID	A.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING LINDERLYING CAUSE LAST  DUE TO WIDESPRES	The Cell Carcinoma with	45
ANTECEDENT CAUSE (\$)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  Primate	IN CELL CARCINOMA WIT	4
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING LINDERLYING CAUSE LAST  DUE TO WIDESPRES	The Cell Carcinoma with	45
ANTECEDENT CAUSE (\$)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  Prima: TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	ry: Rt. Frontal Sinus	20. AUTOPSY
ANTECEDENT CAUSE (\$)  DISEASES OR CONDITIONS, 1F ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	tory, 21c. Where DID (City or town) (Coun	20. AUTOPSY
ANTECEDENT CAUSE (\$)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factor Contributing   Cause of Death   OF INJURY street, office bldg.,	The Cell Carcinoma With Cell Metastasis  ry: Rt. Frontal Sinus  Notery: 21c. Where DID (City or town) (Country occur?	20. AUTOPSY YES NO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION OF ROONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)  21B. PLACE (Home, farm, fact OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I hereby certify that I attended the deceased from May  Alife on Angust, 1955, and that death occurred at a street of the	cory. 21c. Where DID (City or town) (Country) 21f. How DID INJURY OCCUR?  2 21f. How DID INJURY OCCUR?  19, 19.55, to Aug. 24, 19.55, that I las 8:27 AM, from the causes and on the date ADDRESS	20. AUTOPSY: YES NO (State)  t saw the deceas
ANTECEDENT CAUSE (\$)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact of INJURY street, office bldg., fife Either, Notify Medical Examiner)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I hereby certify that I attended the deceased from May alife on 4 Apount 195., and that death occurred at the control of the cont	tory, 21c. Where DID (City or town) (Country) 21f. How DID INJURY OCCUR?  21f. How DID INJURY OCCUR?	20. AUTOPSYTYPES NO (State)  It saw the deceas stated above.  ITE SIGNED  Or county) (State)

BUREAU V. S.

AUG 30 1955

DECEINED

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

1. PLACE OF DEATII.	2. USUAL RESIDENCE (II	OME) OF DECEAS	CO VIL TORRE
COUNTY Montgomery MARYLAND	STATE Maryla	nd	COUNTY Montg.
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corpora	te limits, write RUR	AL and give nearest town)
X TOWN Chevy Chase 29 yrs		Chase	X
HOSPITAL OR	STREET	(If rural, give	location)
INSTITUTION OR STREET ADDRESS 7104 Florida St.	ADDRESS 7104	Florida S	t.
3. NAME OF (First) (Middle)	(Last)	4. DATE (A	Ionth) (Day) (Year)
(Type or Print) ROBERT W	BRUCE	DEATH	8 19 1955
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,			If uoder I year   If under 24 hrs.   Months   Days   Hours   Min.
Male White WIDOWED, DIVORCED, (Specify) Married	11-10-1873	81 yrs.	Manths Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY US GOV.	Scotland		COUNTRY? U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN		D 1
Robert W. Bruce		Ann	Robertson
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS Mar	roaret Bruce
(Yes, no, or unknown) (If yes, give war or dates of service)	Wife- 7104 F	lorida Si	ch.ch.Ma.
18. MEDICAL CE			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
		-0	ORBEI AND DEATH
0	4/ 1 7	(/	0. 0
1/1/6 Immodista cause (a) Corre	MURLEY TO G	LEADY	24-Crea
443 Immediate cause (a) Congestive	Maux 100	ulure	24-lua
Antecedent cause(s)	2 76 V L	a say	344
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	Hund &	سين	3-412
Antecedent cause(s) Diseases or conditions, if any, (b) Heatteners	Henry &	منده	3-412
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)	to a try	him	3-year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	to a try	liei l	3-yra
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS	to a try	lier	2 whe
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	tion a try	lier	2 ende
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	tis, a try	luid	7,000 00 00,000
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	to B. try	OWN)	Yes 🗆 No 🗗
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF OPERATION   While at Not While	tio a try	OWN)	Yes 🗆 No 😝
Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   HOMICIDE   INJURY TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	to B. try	OWN)	Yes 🗆 No 🗗
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  Work At work	(CITY OR TO	OWN)	Yes No E-COUNTY) (STATE)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) SUICIDE OF OFFICE (Hour) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Mork At work   22. I hereby certify that I attended the deceased from the conditions of the conditio	(CITY OR TO HOW DID INJURY OCC., 1955, tolking.	OWN) OWN) OWN, 1985, tha	Yes No COUNTY) (STATE)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work   22. I hereby certify that I attended the deceased from alive on Ast work 19.55, and that death occurred at	(CITY OR TO HOW DID INJURY OCCUR, 1955, today	OWN) OWN) OWN, 1985, tha	Yes No COUNTY) (STATE)  t I last saw the deceased e date stated above.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) SUICIDE OF OFFICE (Hour) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Mork At work   22. I hereby certify that I attended the deceased from the conditions of the conditio	(CITY OR TO HOW DID INJURY OCC., 1955, tolking.	OWN) OWN) OWN, 1985, tha	Yes No COUNTY) (STATE)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work   22. I hereby certify that I attended the deceased from alive on Ast work 19.55, and that death occurred at	(CITY OR TO HOW DID INJURY OCCUR, 1955, today	OWN) OWN) OWN, 1985, tha	Yes No COUNTY) (STATE)  t I last saw the deceased e date stated above.
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, off office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from At work alive on the street of the street o	(CITY OR TO HOW DID INJURY OCC ADDRESS	OWN) CUR?  Causes and on the	Yes No COUNTY) (STATE)  t I last saw the deceased e date stated above.  DATE SIGNED
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY  TIME (Month) (Day) (Year) (Hour) While at Not While Work At work   22. I hereby certify that I attended the deceased from At work   alive on At work   23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify).	(CITY OR TO HOW DID INJURY OCC ADDRESS	OWN)  CUR?  Causes and on the Causes and Curry, too	Yes No COUNTY) (STATE)  It I last saw the deceased e date stated above.  DATE SIGNED
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from At work alive on At work 19. At work 1	(CITY OR TO HOW DID INJURY OCCUR, 1955, to and the Address of the	OWN)  OWR?  Causes and on the	Yes No COUNTY) (STATE)  It I last saw the deceased e date stated above.  DATE SIGNED with or county) (State of the state o
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY  TIME (Month) (Day) (Year) (Hour) While at Not While Work At work   22. I hereby certify that I attended the deceased from At work   alive on At work   23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify).	(CITY OR TO HOW DID INJURY OCC ADDRESS	OWN)  OWR?  Causes and on the	Yes No COUNTY) (STATE)  t I last saw the deceased e date stated above.  DATE SIGNED

PLAINLY, WITH UNFADING INK. Supply every item of information carefula is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

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PLEASE WRITE



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MONTEY MARYLAND	STATE md COUNTY manty
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town)
OR and give nearest town) (in this place)	TOWN Solver spring 56
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
INSTITUTION OR 2/0/ Hildarose St	ADDRESS 2101 Hildarose St afr301
3. NAME OF DECEASED: (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print)	ovac DEATH Ciny 17 1955
RACE: WIDOWED, DIVORCED, (Specify): In array 4/8/2	9. AGE fast birthday: WUNDER I YEAR IF UNDER 24 HRS.  30 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS O work done during most of work life, Unitarineering even if retired): Alexandra H ome Improvement	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph Bukovac	Mary Tomasovick
15. Was Deceased Ever In U.S. Armed Forces (Yes, no, or unk.) (If Yes, give war or dates of service) WW #2 16. Social Security No.: 299-12-9365	Mrs. Lucille M. Bukovac 2101 Hildarose St., Silver Spring, Md.
	AL CERTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
Immediate cause (8) Cesethol himor	may found deal
Immediate cause  DUE TO	I There of (mount) in testat
Antecedent cause(s)  Discusse or conditions if any (b) fullet won-	in mile (1010MIN) frome
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO	
stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	flu defressed 2 weaks
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	✓ 20. AUTOPSY? Yes □ No □
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ OF street, office bldg., etc	(County) (County) (State)
CAUSE OF DEATH. INJURY home	There sharp money ma
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while	Delt inflicted trillet wound
INJURY S A M.   work   at work	
22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy □, Inspection ☒, Inquiry □, and dent □, Suicide ☒, Homicide □, Undetermined cause □.
signature	CHIEF MEDICAL EXAMINER DATE SIGNED
Lhand & Broschart	M. D. DEPUTY MEDICAL EXAMINER 8-17-55
23 RURIAL CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or county) (State)
	t'l. Cemetery   Arlington, Virginia
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR 8434 Ga. Ave. ADDRESS
122 05 Trances Calle	Warner E. Cumphrey Silver Spring Marrely
	( DITAGE PLITTES MAINTY

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct VS. A15A - 5 - 53

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# 7832

Reg. Dist.

M	ARYLAND	STATE	DEPARTMEN	T OF	HEALTH-	-BALI	IMORE,	18
-	TOLK T	**** A 78 #	YN THE TO	CHAR	MITTICAL	KINTEN A	OT	70.7

MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH	No. 223-
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MORIZONERY MARYLAND	STATE MA. COUNTY MUNT	armery
CITY (If outside corporate limits, write RURAL   LENGTH OF STA		
OR and give nearest town) Park (in this place) TOWN Takyona Park 19 years	TOWN Jakoma Park	17
HOSPITAL OR INSTITUTION OR 97 Elm avenue	STREET ADDRESS 97 Elm aunu	1
3. NAME OF DECEASED: (Type or Print)  OHN  ALBERT	BURNS 4. DATE (Month) (Day OF DEATH August 2	1
	TE OF BIRTH: 9. AGE last birthday of UNDER I Y  Way 16, 1892 63 yrs. Months Da	ys Hours   Min.
work done during most of work life, even if retired): UTIMINE (Give kind of 10b. KIND OF BUSINESS (INDUSTRY:		COUNTRY!
13. FATHER'S NAME: Burns	14. MOTHER'S MAIDEN NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	Louis B. Burns, 97 Eem are In	k Bek. Md
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	CAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cormany	Icclusion	Formal
DUE TO		dead in
Antecedent cause(s)		hed.
giving rise to the above cause DUE TO		
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No No
21s. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., et INJURY	te.,	(State)
2Id. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED While at Not while INJURY M.   M.   work □ at work □	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descri	ribed above, held an Autopsy 🗖 , Inspection 🙀	, Inquiry 🛛 , an
find that death resulted from: Natural causes , Acc	cident  , Suicide  , Homicide  , Undeter  CHIEF MEDICAL EXAMINER	mined cause
Trank & Broschart	M. D. ASSISTANT MEDICAL EXAM.	8-2KSS
Transit-Bureau Qua 26. 1955 St. Joseph	ERY OR CREMATORY LOCATION (City, town, or co	Cornectes
DATE REC'D BY LOCAL   REMETRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS

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23. FUNERAL DIRECTOR
(1. Orthur Dalles, 254

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07854 7869 CERTIFICATE OF DEATH Reg. Dist. No. 2/4

1863	CERTIFICATE	OF	DEATH
	OLIMITATIOALL		I / IV ALI I II

2 .				
legibly	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
50	COUNTY Montgomery MARYLAND	STATE Maryland county Montgomery		
	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL and give nearest town)		
and	56 or and give nearest town) (in this place) Silver Spring	TOWN Silver Spring 56		
clearly	HOSPITAL OR INSTITUTION OR 2204 Washington Avenue	STREET (If rural give location) ADDRES 2204 Washington Avenue		
death c		(Last) Ampbell OF DEATH: Aug. 19 19 55		
of of	RACE: WIDOWED, DIVORCED,	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.		
causes	NOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY: even if retired Dist. Mgrretired B.F. Goodrich (	11. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHAT		
the (	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
	William D. Campbell	Etta Champion		
e write	(Yes, no, or unk.) (If Yes, give war or dates no of service) 16. Social Security No.	Mrs. Madeline F. Campbell		
ease	18. MEDICAL CERTIFICAT	2204 Washington Ave., Silver Spring, Md.		
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND CEATH		
	143×	Carross		
Physicians:	MMEDIATE CAUSE (A) LUNG	CANCER  ED METASTASES		
cia	ANTECEDENT CAUSE (S)	M		
ysi	DISEASES OR CONDITIONS, IF ANY. (B) TENLIZ	W TETASTASES		
Ph	STATING UNDERLYING CAUSE LAST. DUE TO			
نب	(C)			
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
or	DISEASE OR CONDITION CAUSING DEATH,			
m p	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
		YES NO		
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facts OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?		
is est	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while M. at work at work			
4	22. I hereby certify that I attended the deceased from	1948 to 19 AVA 19 55 that I last saw the deceased		
age	18AUG 1057	The Art of the control of the contro		
ct ;	SIGNATURE , 19 00, and that death occurred at	7:10AM, from the causes and on the date stated above.  ADDRESS PKWY.  DATE SIGNED  19 A.G. SS  RY OR CREMATORY LOCATION (City, town, or county) (State)		
orrect	L'marchell Couvillie	1407 WOODSIDE TRWY. 19 AUG ST		
00	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or county) (State)		
	Trans. & Burial 8/21/55 E. Wildwood	Cemetery Williamsport, Pennsylvania		
	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL PHRECTOR 8434 Ga. ATEORESS Warner & Tumphrey Silver Spring, Md.		

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. F	CERTIFICATE OF DEAT	H Reg. Dis	t. No. 2/0
carefully.	1. PLACE OF DEATH: 2. USUAL RESIDEN	CE (HOME) OF DECEASE	D:
carefull legibly.	COUNTY MONTGOMERY MARYLAND STATE Mary	and county Mos	Magnery
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) OR	rporate limits, write RURAL	and give nearest town
ation y and	X TOWN Bethesda 7 Days TOWN SILV	er Spriner	56
The A	HOSPITAL OR STREET ADDRESS OF	(It rural give location	) /
nformation clearly and	74STREET ADDRESS SUBJETAN 186	of Meorgia	avenue
	3. NAME OF (First) (Middle) (Last)		(Day) (Year)
m of i	(Type or Print) Hubert Randolph (art	OF DEATH: Qua.	20 1955
em de	5. SEX: 6. COLCR OR 7. SINGLE, MARRIED 8. DATE OF BIRTH: 9.	AGE last birthday IF UNDER I	YEAR IF UNDER 24 HRE.
y ite	Male white (Specify): Single Oct. 15, 1900	3-4 yrs. Months	Days Hours Min.
every	IOA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	ate or foreign country):  12.	CITIZEN OF WHA
	even if retired) ph Driver Taxi Penn.		USa
pply	13. FATHER'S NAME: 14. MOTHER'S MAIL	DEN NAME:	
	Herbert R. Carr		,
	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT &	ADDRESS: Daniel	. marti
INK.	(Yes, no, or unk.) (If Yes, give war or dates of service) 1923-24	dhill Road S	ilver Spring
	18. MEDICAL CERTIFICATION	1	INTERVAL BETWEE
ADING s: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	w	ONSET AND DEATH
AL IS:	163X IMMEDIATE CAUSE (A) Respirator Las	lune	1/2
UNFA	ANTECEDENT CAUSE (S)	2	
	DISEASES OR CONDITIONS, IF ANY, (B) My tafie C	a	Zucken
Phy	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	0 1	2/
WITH nt. Phy	(c) Ceremona	1 trung	Miden
~ 00	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	1	
PLAINLY,	DISEASE OR CONDITION CAUSING DEATH	V	
A in	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY7
11y		(6)	
especially	21A. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE (Home, farm, factory, 21c. WHERE DIGOR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		nty) (State)
Sp	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21F. HOW DID IN.	JURY OCCUR?	
7/0	OF INJURY  M. While Not while at work		
a	22. I hereby certify that I attended the deceased from \$ /10 / 1955, to \$	1957, that I las	t saw the decease
ბი		causes and on the date	
rect a	alive on	DA	TE SIGNED
	Alchem h. Jones M.D. Rochist	a md	8/20/05
CC	REMOVAL (SPECIEV)	LOCATION (City, town, o	/
PLEASE cor	Burial 0/42/00 Ariington Nat'l Cemetery	Arlington, Vir	
立	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIE	ECTOR 8434 Ga	ADDRESS AVE.



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BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7271 CERTIFICATE OF DEATH

			1	11
Reg.	Dist.	No.	0	10

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Montgomery maryland	STATE Maryland county Montgomer	7977
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL and give	e nearest town)
X TOWN Bethesda 47 days	TOWN Silver Spring	56
HOSPITAL OR The Clinical Center	STREET (If rural give location) ADDRESS	1
of Health	10206 Colesville Rd.	
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) Arthur Beall (	Cecil. Jr. DEATH: August 1	19 55
RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF Months Days I 1 22 yrs.	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student	11. BIRTHPLACE (State or foreign country): 12. CITIZE COUN'	TRY
13. FATHER'S NAME:	Maryland U.S	5.A.
Arthur Cecil	Mary Carroll	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
Yes of service) Peacetime 577-44-4085	The medical record, The Clinical Ce	enter
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (A) edema and bi DUE TO  (B) Acute leuker DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING</u> TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N 20	AUTOPSY?
8-1-55 Tracheotomy	YES	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING 2AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2F INJURY street, office bldg.,	etory, etc.   21c. WHERE DID (City or town) (County)	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY M. 21E INJURY OCCURRED While Not while at work at work	D   21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June.	15, 1955, to Aug. 1, 1955, that I last saw	the deceased
alive on Aug. 1, 1955, and that death occurred at	The Clinical Center DATE SIGN	NED
REMOVAL (SPECIFY)	Cemetery  A. D. Nat! Inst. of Health LOCATION (City, town, or county Highland, Howard Cou	y) (State)
	24. FUNERAL DIRECTOR 0/2/ Co ADD	

2/55 Besse M. Thompson Warner to Tumphe

VS. A15 -- 10 - 53

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BUREAU V. E.

VS. A15

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()7858

7833 CERTIFICATE OF DEATH

Reg. Dist. No. 2.2.3....

= ×	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
Supply every item of information carefull; ite the causes of death clearly and legibly.	L	h 1 1 h —
1 . re	COUNTY DANIGOMENI MARYLAND	STATE Dariland COUNTY DONI O MERY
le le	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
and	OR and give nearest towh) (in this place)	OR O
an io	MON Takoma Park 4 days	TOWN Takema 13rk.
8 2	HOSPITAL OR	STREET (If rural give location)
E 1	INSTITUTION OR A COLOR	ADDRESS
nforma	75 STREET ADDRESS VASA. JAMIATIUM & HOSPITA	2003 Nesimore and live.
ट प्र		(Last)   4. DATE (Month) (Day) (Year)
	3. NAME OF (First) (Middle)	OF C
m of in death	(Type or Print)	hecho! DEATH: X - 25 19 55
de		OF BIRTH:   9. AGE last birthday   IF UNDER 1 YEAR   1F UNDER 24 HRS.
ite	RACE: WIDOWED, DIVORCED,	Months Days Hours   Min.
0	Emale Caucasian (Specify): Widow. 2-	22-74 8 yrs.
causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12. CITIZEN OF WHAT
ve	work done during most of working life, OR INDUSTRY:	COUNTRY
9 8	even if retired):	I I I I nois (V.S. C)
e d	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
the		6 1 1 0
e e	androw B. Chew	hahala lane leason
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
XX	(Yes, nd, or unk.) (If Yes, give war or dates	11 9 (1)
Z o	of service)	Mosnish Records
NG INK. Su please write	18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
Se Se	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
		T- 110, t
9	420.1 /10.Te as	glesson // huserless organiless 4 day
F. F.	1MMEDIATE CAUSE (A) DUE TO	
TH UNFAI	ANTECEDENT CAUSE (S)	000
Sic	DISEASES OR CONDITIONS, IF ANY, (B)	24 allerosteron
H 2	GIVING RISE TO THE ABOVE CAUSE DUE TO	
日日	STATING UNDERLYING CAUSE LAST.	
Z .:	(C)	
D in	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
Ka ta	TO THE DEATH BUT NOT RELATED TO THE	
7 6	DISEASE OR CONDITION CAUSING DEATH.	
AINLY, Wimportant.	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
A :		YES NO TO
WRITE PLAINLY, WITH UNFADING INK. especially important. Physicians: please wr		
alla	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fac	tory, 21c. WHERE DID (City or town) (County) (State)
/RITE PI	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?
II.		21F. HOW DID INJURY OCCUR?
es es	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INSORT OCCORT
> 70	M. at work at work	
Si si		104/21 - 8/22 1055 that I last now the decound
ge o	22. I hereby certify that I attended the deceased from 8.112	, 1947, to 8/23, 1955, that I last saw the deceased
ध व	alive on 9/32 1055 and that death occurred at	24.M, from the causes and on the date stated above.
t T	alive on	ADDRESS DATE SIGNED
TYPE rect ag	SIGNATURE .	1/2 Part 105+ 1/10 100 / AP 8/12/50
		1. D. (() CAMPACK (VI), WASH BC . 0/23/35
ASE		ERY OR CREMATORY   LOCATION (City, town, or county) (State)
A	REMOVAL (SPECIFY) (140 25, 1955 ) Xpl Find	Ru Cemeley (Muce George Co. Ml.
H	Toward and and and	
PLE,	DATE REC'D BY LOCAL   REGISTRATES SENATURE	24. FUNERAL DIRECTOR ADDRESS
	Estate 3-1955 Tollan Note	12 Curque Salar, 254 Cause of her De

BECEINED

BOKEAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

07859

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

1 DIAGE OF INDIAN			it a Tigrist promises of	HOME OF DECIMAL	
1. PLACE OF DEATH	ntgomery	MA DAY AND	2. USUAL RESIDENCE ( STATE Maryl	and	COUNTY Montg.
	orporate limits, write RUR	MARYLAND AL and   LENGTH OF STAY		callu	L and give nearest town)
X OR givo nearest	town)	(in this place)	OR	The second second	
HOSPITAL OR	Danalford D	agt Manaina	STREET Sa	ndy Spring	cation)
90 STREET ADDRESS		est Nursing	ADDRESS	(Al Turas, give to	(2000)
3. NAME OF	(First)	(Middle)	(Last)	0.101	onth) (Day) (Year)
DECEASED (Type or Print)	John		Claggett	DEATH A	ugust 2 19 5
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH		If under 1 year   If under 24 hr
Male	Colored	WIDOWED, DIVORGED (Specify) Married	2/23/1895	60 ym.	Months Days Hours Min.
done during most of w	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Maryland	or foreign country)	12. CITIZEN OF WHAT COUNTRY! USA
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME	
Marsha	11 Claggett		Leona		
15. WAS DECRASED EV (Yes, no, or unknown)	ER IN U.S. ARMED FORCES		17. INFORMANT AND	ADDRESS	
	service)				
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
11222		& joplenia,	70.00-1:0.		3 Hmtl.
Immediate	cause (a)	of prayer ,	Caron are		Jilling
Anteceden Diseases or c	t cause(s) conditions, if any, (b)	Apopleyin,	lesson bogio	***************************************	3 7/2
stating the u	nderlying cause last	Themis myve	un dit		540
11. OTHER SIGNIFI		i)			1
		FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (C	OUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certi	-/	e deceased from Jegy		J	
alive on SIGNATURE	/2 , 19.55, an	d that death occurred at (Degree or title)	ADDRESS from the	causes and on the	date stated above. DATE SIGNED
A. 8/3	myany	ли. В.	Foundy Spe	1 1	8/5/55
28/BURIAL, CREM. REMOVAL (Spec	(y) 8/6/54	ash m	tarmorrel 1	LOCATION (City, fown	Spring mel
DATE REC'D BY	LOCAL REGISTRAR'S	dys Lewer	24. FUNERAL DIRECTO	Snokeli	- Pochuble
			, , , , ,		my

PLAINLY, WITH UNFADING INK. Supply every item of information careful, is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING PLEASE WRIT

The correct age

DECELVED
AUG 10 1955
BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

7374

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

g. Dist. No.

	2008. 2100. 1100	7
I. PLACE OF DEADY.	2. USUAL RESIDENCE (HOME) OF DECRASED.	
COUNTY MOS GOMENY MARYLAND	STATE manyland COUNTY	Part of Marin
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	nearest town)
56 OR give nearest town) (in this place)	TOWN /1/ashington	DC 47/3
HOSPITAL OR BOSWELL hurring Home	STREET (If rural, give location)	
% STREET ADDRESS	ADDRESS 438 Jeffercion	SI ha
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) OF	(Day) (Year)
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday Munder	2 1955
WIDOWED, DIVORCED, (Specify) Widowed	lan 12, 1872 82 yrs. Months.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of vorking life, even if retired) INDUSTRY	M. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Bartaves ny	COUNTRY? // S A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Holden	may Cumminga	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If year, give war or dates of service)	Mrs Costance Jone	1
	The total of the	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1. 0 10.	ONSET AND DEATH
Immediate cause (a) Thurst	y seal mouth	2 mes
Intimicalistic cause (w) when considering the control of the contr		
Antecedent cause(s)	41010	
Diseases or conditions, if any, (b) Typulum 10	and deserve with artentine.	1000
giving rise to the above cause stating the underlying cause last	40	
(c) / / / / / / / / / / / / / / / / / / /	elegra	2 200
If. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes П No П
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While	HOW DID INJURI OCCUR!	
INJURY m.   Work   At work		
22. I hereby certify that I attended the deceased from	, 1937, to 8/2, 1937, that I last sa	w the James 1
22. A mereny certary that I accended the deceased from	Colored Tiest sa	w the deceased
alive on 7/27, 19.5.1, and that death occurred at.	2m., from the causes and on the date sta	ted above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
(11. Odemando HI). 580	11-13 1 71 XU. Work 11 DOS	13/5
23. BURIAL, CREMATION DATE NAME OF CEMETE REMOVAL (Specify)	RY OR CREMATORY   LOCATION (City, town, or county	) (State)
a Bulas aug 3,1935 Fort	encoln home Ran	en Mol.
DEF REC'D BY LOCAL   RECEPBAR'S ALGNATURE	24. FUNERAL DIRECTOR	ADDRESS .
Que 5/55 Stances totter	Deal Funeral Home	

The correct age

PLAINLY, WITH UNFADING INK. Supply every item of information carelis especially important. Physicians: please write the causes of death clearly and legibl MARGIN RESERVED FOR BINDING

S. A15

PLEASE WRI

BUREAU V. S.

VS. A15

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matton	clearly
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Supply	write
INK.	please
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information care	Physicians:
, WITH	portant.
PLAINLY	pecially in
ITE	s esi
WR	age i
PLEASE	

7875	CERTIFICATI		TH—BALTIMORE, ATH Re	g. Dist. No	2/4
1. PLACE OF DEATH:		I a VICTIAL BESCH	ENCE (HOME) OF DECE	8	
		1/	aryland		Manhaama
CITY (If outside corporate limits, write	MARYLAND	DAMAG	de corporate limits, write R		Montgomen
OR and give nearest town)  TOWN Silver Spring	(in this place)	OR		ORALI aliq gr	1=/
HOSPITAL OR		STREET	ilver Spring (If rural give	location)	56
INSTITUTION OR 8408 Houst	ton Street	ADDRESS 84	08 Houston Stre	et	
3. NAME OF (First) DECEASED:	(Middle)	(Last)	4. DATE (Month)	(Day)	(Year)
(Type or Print) EDNA	L. COBC		DEATH: Aug.	21	19 55
Female   S. Color or Wild (Spec	OWED DIVORCED	of BIRTH:	9. AGE last birthday: If to Mo	onths Days	Hours   Min.
ion. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OF INDUSTRY: Own home		ale, Michigan	U.S	EN OF WHA
13. FATHER'S NAME:		14. MOTHER'S MAI	DEN NAME:		
Stewart Cameron Burt		Mary Elizab	eth Michael		
15 WAS DECRASED EVER IN U.S. ARMEO FORCES (Yes, no, or unk.) (If Yes, give war or dates o service)	f 16. SOCIAL SECURITY No.: 17 f	INFORMANT & AL	DRESS: C. Cormicle, d Street, Silver	aughter	Md.
	18. MEDICAL CERTIFICATI	ION	Sureer, Street		ntervai Betwe
I. DISEASES OR CONDITIONS DIRECTI	Meloslatic	Carci	noma		Onset And Des
Antecedent causes (s)	E TO Corrison	and A	igmoid.		-
giving rise to the above cause stating the underlying cause last.	E TO		0		
II. OTHER SIGNIFICANT CONDITIONS	c)	2. 11	A		
Conditions contributing to the death but related to the disease or condition causin	not ag death. Deales	mille	lus		
19a. DATE OF OPERATION:   19b. MAJO	R FINDINGS OF OPERATION	1 - 1		20	. AUTOPSY
	nowa of Juga	CITY OR TOW	(COUNTY)	(STAT	Yes No
12/20/53 Carein	CE (Home, farm, factory, street	(CITT OR TOW	(COUNTY)	(SIAI	Ata J
2I. ACCIDENT (Specify) PLA	office bidg., etc.)				
2I. ACCIDENT (Specify) PLA OF HOMICIDE INJUDITY (Specify) PLA OF INJUDITY (Specify) PLA OF INJUDITY (Specify) PLA OF (Specify	office bidg., etc.) URY INJURY OCCURED While at Not While	HOW DID INJUR	Y OCCUR?		
2I. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE TIME (Month) (Day) (Year) (Hour)	office bidg., etc.)  URY  INJURY OCCURED  While at Not While  Work At Work	HOW DID INJUR		t I last saw	the decease
2I. ACCIDENT (Specify) PLA SUICIDE HOMICIDE  TIME (Month) (Day) (Year) (Hour) OF INJURY m.  22. I hereby certify that I attended to	office bidg., etc.)  URY  INJURY OCCURED  While at Not While  Work At Work	,193 <b>3</b> ., to §./.	21/5.J., 19, that	ne date state	
2I. ACCIDENT (Specify) PLA OF OF INJURY M.  22. I hereby certify that I attended to alive on S. A	office bidg., etc.)  URY  INJURY OCCURED  While at Not While  Work At Work   the deceased from 1.2./2.0  I that death occurred at (Degree or title)  NAME OF CEMETE	,1932, to 8/	21/5.J., 19, that	DATE DATE	ed above.

BUREAU V.

/NG 52 1952

DEALESEN

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (17862 7834 CERTIFICATE OF DEATH Reg. Dist. No. 223.

-				
I. PLACE OF DEATH:		2. USUAL RESIDENCE	(HOME,) OF DECE	ASED:
COUNTY Montgomery	MARYLAND	STATE MI.	COUNTY	ontoonery
CITY (If outside codocrate limits, we'te RURA	AL LENGTH OF STAY	CITY(If outside corpo		AL ond give nearest town)
17 TOWN Takoma Park	(in this place)	TOWN Lang	lay Park	X
HOSPITAL OR	, ///	STREET	If rural give loca	tion)
STREET ADDRESS Washington San	tariant Hosp.	ADDRESS 07	University	Lane
DECEASED: / //. /		last)	OF DEATH: % -	(Day) (Year) - 6 - 1955
5. SEX: 6. COLOR OR 7. SINGLE. MA RACE: WIDOWED. (Specify): F.	DIVORCED.	OF BIRTH: 9. AC	GE last birthday IF UND Month	
	IND OF BUSINESS	11. BIRTHPLACE (State	or foreign country):	12. CITIZEN OF WHAT
13. FATHER'S NAME:		14. MOTHER'S MAIDE	N NAME:	
Allen Cole		unknow	7	
	SOCIAL SECURITY NO.	17. INFORMANT & AL		1 1/1 1
(Yes, no, or unk.) (If Yes, give war or dates of service)		Washington So	nitarium + H	ospital Recorde
HAGO X IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, (B)		neumonia	A 1-5	5 days
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				
(C				
II OTHER SIGNIFICANT CONDITIONS CONTE TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATI	61.	COSIC		15 712
	DINGS OF OPERATION			20. AUTOPSY?
				YES NO
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH OF IN.	PLACE (Home, farm, factor JURY street, office bidg.,	etc. 21c. WHERE DID	(City or town) (	County) (State)
OF INJURY WI	e INJURY OCCURRED hile Not while work at work	21F. HOW DID INJU	RY OCCUR?	
22. I hereby certify that I attended the d	eceased from ang	5., 19.57, to Com		last saw the deceased
alive on hong b, 1957, and the	Dirote. 1	ADDRESS	Examy face "	ate stated above.
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETE	D. /600 CA	LCCATION (City, tow	n, or county) (State)
REMOVAL (SPECIFY) 8/1/55	- SHISES	ELE MAN	SECKLEY	WVA.
DATE REC'D BY LOCAL   BIGISTRAPS S	GNATURE , /	1 SUNERAL DIRE	CTOR.	ADDRESS .



MARYLAND	STATE DEPARTM	MENT OF HEALTH—BAI	TIMORE, 18 07863
7876		ATE OF DEATH	Reg. Dist. No. 2/

1. PLACE OF DEATH:  COUNTY MINISTRUY MARYLAND  CITY (If outside comprate limits, write RURAL on this place)  TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	2. USUAL RESIDENCE (HOME) OF DECEASED:  STATE  COUNTY  CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN  Washington  47 X - 3  STREET  (If pugal give, location)
9 STREET ADDRESS	ADDRESS 1364 Shipherd St. NW -
DECEASED: (Type or Print) MARY V. CO	(Last)  OF DEATH: AUG 3, 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, WIDOWED, SIM/R. MARCH	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR HOURS   Min.   14. 1868   9. AGE last birthday   IF UNDER 1 YEAR HOURS   Min.
work done during most of working life, even if retired): Teacher	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? A. S. A
13. FATHER'S NAME: ? CHARLES CONDOYS	14. MOTHER'S MAIDEN NAME:  That Grandble JENNIE?
15. WAR DECEASED EVER IN U.S. ARMED FORCE(1) (Yes, no. or unk.) (If Yes, give war or dates of service)	Mes Mary E. Conboge, #7 66th St. Md. Pack. Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  420.0  IMMEDIATE CAUSE  (A)	Sclente Head Disease ONSET AND DEATH Decline Decarblysham
ANTECEDENT CAUSE (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ra Beccelog -
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory, etc. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
alive on 5. 3. 19, and that death occurred at	ADDRESS DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF MAME OF CEMETI	Cemetry Sashington (City, town, for county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24. JUNERAL DIRECTOR ADDRESS

OBVECE 9 DUA

BUREAU V. S.

### MEDICAL EVAMINED'S CEDTIFICATE OF DEATH

MEDICAL EXAMINER S CEN	TIPICALE OF DEATH	No. 2. /
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	_
COUNTY // Intylmery MARYLAND	STATE Md. COUNTY	60000
CITY (If outside corporate limits, write RURAL OR and give nearest fown)  TOWN  LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN	give nearest (ovn)
HOSPITAL OR GINSTITUTION OR STREET ADDRESS Monthly . Co	STREET ADDRESS (If rural, give location)	16 X - 2 V
3. NAME OF (First) (Middle) DECEASED: (Type or Print)	(Last) 4. DATE (Month) (Day OF DEATH (Last 10	(Year) 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT WIDOWED, DIVORCED, (Specify):	E OF BIRTH:   9. AGE last birthday: IF UNDER I	RYBAR   IF UNDER 24 HRS.  RYB   Hours   Min.
IOa. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	OR   II. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0 40
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no. or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: (37-67-30)	1. Hd. A#2
	CAL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Immediate cause (a)	Odjelester	. But Blothers
Antecedent cause(s)		
Diseases or conditions, if any, (b)		
giving rise to the above cause DUE TO stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No 1
21s. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bidg., etc CAUSE OF DEATH.	C-,	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while INJURY M. Work □ at work □	211. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descri		
find that death resulted from: Natural causes [], Acci	ident □, Suicide □, Homicide □, Undeter	
SIGNATURE Jank & Broschart	M. D. ASSISTANT MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	PATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	TO OR CREMATORY LOGATION City town for co	ounty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	La FUNERAL MRECADIR	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

SECEIVED ANG 16 1955

BUREAU V. S.

ion carefully. The

Supply every item of inform

AINLY, WITH UNFADING INK.

PLEASE TYPE

VS. A15-

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dir

Reg. Dist. No. 2/6

07865

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Montgomery MARYLAND	STATE D. C. COUNTY
COUNTY MOntgomery MARYLAND CITY (If outside corporate limits, write RURAL   LENGTH OF STAY (in this place) X TOWN Bethesda 45 days	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47 x - 3
HOSPITAL OR The Clinical Center	STREET (If rural give location) ADDRESS 3064 30th Street, S. E. Apt. #5
DE MISSISSI MISSISSI	(Last)   4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) Dorothy Huffer Corbi	itt OF DEATH: Aug. 7, 1955
RACE: WIDOWED, DIVORCED,	of BIRTH: 9. AGE last birthday IF UNDER 1 YEAR HOURS A Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-typist Government	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Maryland U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Edward Huffer	Rosa B. Miles
S. WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service) 578-32-0579	The Medical Record, Clinical Center
18. MEDICAL CERTIFICAT	TON INTERVAL BETWEEN ONSET AND DEATH
1 19 200 0	. / . / .
IMMEDIATE CAUSE (A) CENTE	peritinitis 2 days
ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY,  (B) Multiple	In Sestand Obstructions / month
STATING UNDERLYING CAUSE LAST.	1 vivam metastatic to perty 6 mos
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	of order to the form
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION	
7-28-55 Intestinal obstruction ne	ear sigmoid colon-due to above YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc.   21c. WHERE DID (City or town) (County) (State)
21b. TIME (Month) (Day) (Year) (Hour) 21e INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from June.	.23, 19.55, to Aug 7, 1955, that I last saw the deceased
alive on Aug. 7,, 1955, and that death occurred at SIGNATURE	10:30M, from the causes and on the date stated above.  ADDRESS  DATE SIGNED
	ERY OR CREMATORY   LOCATION (City, town, or county) (State)
DATE DECID BY LOCAL L DECISEDADES SIGNATURE	1 24 FUNERAL DIRECTOR

BUREAU V. A.

AUG 15 1955

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BUREAU V. Z.

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

				•	0 - 0 0 0
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 2/3

MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18 Use Use.
	RTIFICATE OF DEATH No. 2/3
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MINTER MARYLAND	STATE Md COUNTY Montg
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)  TOWN (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN ( / / / / / / / / / / / / / / / / / /
HOSPITAL OR INSTITUTION OR OSTREET ADDRESS affen Hick Rd	STREET (If rural, give location)  ADDRESS Cappen Hell Rd
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Timethy dames 2	(Last) (4. DATE (Month) (Day) (Year) OF DEATH Curg & 1955
Male RACE: WIDOWED, DIVORCED, Jet	E OF BIRTH:  9. AGE last birthday: If UNDER I YEAR IF UNDER 24 HRS.  Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): [NDUSTRY:	me country?
I3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Vavre	Berlie Chise
15. Was Deceased Ever In U.S. Armed Forces? [16. Social Security No.:   (Yes, no, ov unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:
	CAL CERTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
Immediate cause (a) Cornory	Decline on Budden
DUE TO	
Antecedent cause(s)  Diseases or conditions, if any, (b)	
giving rise to the above cause DUE TO	
stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes \( \sum \ No \( \sum \)
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ OF street, office bldg., etc CAUSE OF DEATH.	C.,
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work  at work	
22. I hereby certify that I took charge of the remains descri	ibed above, held an Autopsy [], Inspection [], Inquiry [], and
find that death resulted from: Natural causes , Acci	ident [], Suicide [], Homicide [], Undetermined cause [].  CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.
BREMOVAL (Specify): 8-12-55 Ulling	CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY DOCAL REGISTRAR'S SIGNATURE REG 12/55 Quill Trayling	Robert L. Drowden - Rockville, mg
1	

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VS. A15-10-53

on carefully. The

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11278 OF CERTIFICATE OF DEATH Reg. Dis

Reg. Dist. No. 217....

07868

1. PLACE OF DEATH:		1 2 HELIAL BEGINE	NCE (HOME) OF E	DECEASED.	
		2. USUAL RESIDE	ACE (HOME) OF E	DECEMBED.	
COUNTY Montgomery	MARYLAND	STATE Mary	land COUNTY	Montgon	nery
CITY (If outside corporate limits, write RI OR and give nearest town) TOWN Olney			orporate limits, write		
V		STREET	(If rural give	e location)	X
HOSPITAL OR Montgomery ( NSTITUTION OR MONTGOMERY ( NSTREET ADDRESSGENERAL HOS)	pital, Inc.	ADORESS Rou		c rocation,	/
3. NAME OF (First)  DECEASED: (Type or Print) Gertie	(Middle)	(Last) Diggs	4. DATE (Mont	th) (Day)	(Year) 1955
5. SEX:   6. COLOR OR   7. SINGLE.	MARRIED, 8. DATE D. DIVORCED.	OF BIRTH: 9	AGE last birthday		
NOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic	OR INDUSTRY:	Marylan	-	ry): 12. CIT COI	IZEN OF WHAT
13. FATHER'S NAME:	190	14 MOTHER'S MA	home:	ad	
(Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Hospita	l Record		
				LON:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS COI TO THE DEATH BUT NOT RELATED TO T	(A) Alenger UE TO  (B) UE TO  (C) NTRIBUTING	concum	in Keite	usa 6	AMMATICAL AND DEATH
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS COUNTY OF THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING DE	(A) Alenger UE TO  (B) UE TO  (C) NTRIBUTING		in Keits	2	20. AUTOPSY?
IMMEDIATE CAUSE  ANTECEDENT CAUSE (\$)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS COINTO THE DEATH BUT NOT RELATED TO TO THE DISEASE OR CONDITION CAUSING DE 19A. DATE OF OPERATION: 19B. MAJOR	(A) Adentify UE TO  (B) UE TO  (C) NTRIBUTING HE ATH. FINDINGS OF OPERATIO	N story, 21c. WHERE DI	D (City or town)	2	Amaril 20. AUTOPSY?
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS COUNTY OF THE DEATH BUT NOT RELATED TO TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT R	(A) Adentify UE TO  (B) UE TO  (C) NTRIBUTING HE ATH. FINDINGS OF OPERATIO	otory, 21c. WHERE DI , etc. INJURY OCCUR	?	Lisa C	Angell 20. AUTOPSY? TES NO

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BECEINED

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7881 CERTIFICATE OF DEATH

Reg. Dist. No. 216

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY NONTYOMERY MARYLAND	STATE COUNTY VONTOMAYY
CITY (If outside corporate timits, write RURAL LENGTH OF STA on and give hearest town) (in this place)	OR ()
X TOWN DETRESOLA 3 days	TOWN JAITHERSDURG X
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
TUSTREET ADDRESS UDURBAN HOSPITAL	1 WAShington GROVE
3, NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print)	DOG DEATH: 404 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. NIDOWED, DIVORCED, (Specify) 100 WEAT TO	9. AGE last birthday Months Days Hours Min.
Work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
DNKROUN	EMMA Elijah
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: 134-14 Th St. N.E
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mr. Vernon M. Judgath - Washing toN
18. MEDICAL CERTIFICA	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A)	enmonia 1 AND
DUE TO	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B)	madam Russmia 1 4
GIVING RISE TO THE ABOVE CAUSE DUE TO	THE STATE OF THE S
STATING UNDERLYING CAUSE LAST. (C)	Can in Pacteur 140
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	ON 20. AUTOPSY?
	YES NO V
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, faction of the contribution 21B. PLACE (Home, farm, faction of the contribution 21B. PLACE (Home, farm, faction of the contribution o	actory. 21c. WHERE DID (City or town) (County) (State) g., etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED OF INJURY While Not while	ED   21F. HOW DID INJURY OCCUR?
M.   at work L at work L	
22. I hereby certify that I attended the deceased from	7/8 4 19. J, to
alive on	at 8:30 a,M, from the causes and on the date stated above.
SIGNATURF	ADDRESS DATE SIGNED
	M.D. KARNAGUA 8/4/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME	TERY OR CREMATORY LOCATION (City, town, or county) (State
Burial ling, 3, 1911 Neels	will comeley Meelsnille, mo
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR, 1952 Beauto M. Hammeson	24 FUNERAL DIRECTOR GALDERSS
7 1 100 income sil time so	

VS. A15 — 10 - 53

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WITH UNFADING INK.

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WIND STATE OF THE STATE OF THE

(Day)

(Year)

Hours

WHAT

Interval Between

Onset And Death

20. AUTOPSY ?

Yes No

(STATE)

O DATE SIGNED

12. CHIZEN OF

COUNTRY?

Dawler's.

BUREAU V. S.

VS. A15

correct

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 RE, 18 ()7871 Reg. Dist. No. 223

CERTIFICATE OF DEATH 7836

COUNTY Hort and Evy MARYLAND  CITY (If outside conforate limits, write RURAL LENGTH OF STAY OF AND SILVEY SPYING COUNTY Hort (in this place)  (in this place)  HOSPITAL OR TOWN SILVEY SPYING STREET ADDRESS CHYPAN NAVSING HOME  STREET ADDRESS CHYPAN NAVSING HOME  SEX: 6. CACE: (First) (Middle) (Last) (Specify): (Middle) (Last) (Specify): (Undersed Aug 16 144 80 yrs. Months Days Hours (Specify): (Undersed Aug 16 144 80 yrs. Months Days Hours (Specify): (Undersed Aug 16 144 80 yrs. Months Days Hours (Specify): (Specify): (Last) (If using rost of working life, even if retired; House Using the specific of
CITY (If outside conforate limits, write RURAL LENGTH OF STAY OR and give nearest town)  TOWN  T
CITY (If outside conforate limits, white RURAL LENGTH OF STAY OR and give nearest town) TOWN Akoma Park  HOSPITAL OR INSTITUTION OR STREET ADDRESS  OR AND OF DECRASED: (Type or Print)  Leatrice  Este  (Middle)  Lest)  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  OF DECRASED: (Type or Print)  Leatrice  Este  Fayyay  DEATH:  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  OF DECRASED: (Type or Print)  SEATH:  STREET ADDRESS  16. COLOR OR RACE:  SEX:  SEX: SEX: SEX: SEX: SEX: SEX:
OR and give nearest town)  TOWN Takema Park  HOSPITAL OR THE STREET ADDRESS  HOSPITAL OR STREET ADDRESS  ON THE TADDRESS  ON THE TADDRESS  NAME OF DECRASED: (Pirst) DECRASED: (Pyper or Print) RACE: (Specify) SEX:  6. COLOR OR RACE: (Specify):
HOSPITAL OR TO 8 Philadelphia ve. STREET ADDRESS Cuyran Nursing Home 1609 N. Spring wood Dy. S.S.  3. NAME OF DECEASED: (First) (Siddle) (Last) 4. DATE (Month) (Day) (Year) DECEASED: (Type or Print) Retyce   Feet   Fayyay   DEATH: 8   19.5 Conditions on the print of the print o
INSTITUTION OR STREET ADDRESS  CHYPAN NUrsing Home  ADDRESS  (Middle)  (Last)  (Last)  (Last)  (Last)  (Last)  (Month)  (Day)  (Year)  OF  DECEASED:  (Type or Print)  (Type or Print)  (Specify): Widened  (Specify): Widened  (Specify): Widened  WIDWED, DIVORCED,  WORK One during most of working life,  even if retired): Housewife  10a. USUAL OCCUPATION. Give kind of  work done during most of working life,  even if retired): Housewife  13. FATHIER'S NAME:  14. MOTHER'S MAIDEN NAME:  15. WAS DECEASED EVER IN U.S. ARMED FOREST  Yes, no, or unk.) (If yes, give war or dates of  NO service)  16. SOCIAL SECURITY NO:  17. INFORMANT & ADDRESS: Madeline Keating  Wing was done during most of working life, even if retired): Housewife  14. MOTHER'S MAIDEN NAME:  WAS DECEASED OR CONDITIONS DIRECTLY LEADING TO DEATH  WAS DECEASED EVER IN U.S. ARMED FOREST  (a) Canadian Durangumsation  (b) Interval onset and a print of the above cause stating the underlying cause last.  DUE TO  Antecedent causes (S)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  OCCUPATION OF BUSINESS OR TABLEST ADDRESS: Madeline Keating  (c)  U. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not  Chapter Significant Conditions of the chapter of the chapter of the chapter of the chapter of the chapte
3. NAME OF DECEASED: (First) (Middle) (Last) (A. DATE OF DECEASED: (Type or Print) Beatyice Estern Fayyay (Paril: 8) (Month) (Day) (Year) (Type or Print) Beatyice Estern Fayyay (Paril: 8) (Month) (Day) (Year) (Type or Print) Beatyice Estern Fayyay (Paril: 8) (Month) (Day) (Year) (Type or Print) Beatyice Estern Fayyay (Paril: 8) (Pays (Pays (Paril: 8) (Pays (Pays (Paril: 8) (Pays
3. NAME OF DECEASED: (First) Reatyice Este Fayyay (Month) (Day) (Year) DECEASED: (Type or Print) Reatyice Este Fayyay (Part) (Pa
Type or Print) Seaty Ce Ste Ste Ste Ste Ste Ste Ste Ste Ste St
5. SEX:  6. COLOR OR RACE:  WIDOWED, DIVORCED, (Specify): Widowed Aug / 6, 1814  10a. USUAL OCCUPATION Give kind of working life, even if retired): However done during most of working life, even if retired): However if
10a. USUAL OCCUPATION. Give kind of working life, even if retired): Housewife life, even if life,
10a. USUAL OCCUPATION Give kind of working life, even if retired): Housewife  10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country): COUNTRY?  South Cayolina  11c. COUNTRY?  U.S.A.  13. FATHER'S NAME:  14. MOTHER'S MAIDEN NAME:  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: Madeline Keating Service)  18. MEDICAL CERTIFICATION  18. MEDICAL CERTIFICATION  19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  10. Antecedent causes (S)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country): COUNTRY?  South Cayolina  11c. INFORMANT & ADDRESS: Madeline Keating Pick Security No.: 17. INFORMANT & ADDRESS: Madeline Keating Pick Security No.: 17. INFORMANT & ADDRESS: Madeline Keating Pick Security No.: 18. MEDICAL CERTIFICATION  11c. UNITER'S MAIDEN NAME:  11d. MOTHER'S MAIDEN NAM
work of during into the working into even if retired: Housewife  Is. FATHER'S NAME:  August Grundman  Is. Mother's Maiden Name:  Madey Fields  Is. Was Deceased Ever in U.S. Armed Forces? Inc. Social Security No.: It. Informant & Address: Madeline Keating Yes, no, or unk.) (If Yes, give war or dates of No service)  Is. MEDICAL CERTIFICATION  Interval  Onset And  Antecedent cause  (a) Cardian Decompensation  Antecedent causes (s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  (b) Social Security No.: It. Informant & Address: Madeline Keating Yes, no, or unk.) (Interval  Onset And
August Gyundman  15 Was Decepsed Ever In U.S. Armed Forces? Yes, no, or unk.) (If Yes, give war or dates of No service)  18. MEDICAL CERTIFICATION  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  4.3 4.3  Immediate cause  (a)  Caradian Decompanisation  (b)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  (c)  1. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not  Chusque Nather And Address: Madeline Keating 9  16. Social Security No.: 17. Informant & Address: Madeline Keating 9  16. Social Security No.: 17. Informant & Address: Madeline Keating 9  16. Social Security No.: 17. Informant & Address: Madeline Keating 9  16. Social Security No.: 17. Informant & Address: Madeline Keating 9  16. Social Security No.: 17. Informant & Address: Madeline Keating 9  18. MEDICAL CERTIFICATION  Interval Onset And 2-3  17. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not
August Gyundman  15 Was Decessed Ever In U.S. Armed Forces?  16. Social Security No.: 17. Informant & Address: Madeline Keating  18. Medical Certification  19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  19. Antecedent causes (s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  19. DISEASE In Cardinal Decompositions  10. Cardinal Decompositions  10. Cardinal Decompositions  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not  12. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not  13. Cardinal Decompositions  14. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not  Charginal Prophetics  7. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not  Charginal Prophetics  7. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not  Charginal Prophetics  7. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not
15 WAS DECEASED EVER IN U.S.ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: Madeline Keating 16. Social Security No.: 17. INFORMANT & ADDRESS: Madeline Keating 18. MEDICAL CERTIFICATION 19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  19. Antecedent causes  (a) Casadian Decomposition  Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  (b) DUE TO  (c)  10. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not  Chasque Madeline Radian Decomposition  (c)  7.
Is. MEDICAL CERTIFICATION  I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  (a) Canadian Decomposition  Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  (b) DUE TO  (c)  (c)  (d)  (e)  (d)  (e)  (e)  (e)
Is. MEDICAL CERTIFICATION  I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  (a) Canadian Decomposition  Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  (b) DUE TO  (c)  1. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not  (b) Conditions contributing to the death but not  (c)
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  4.3 4.3  Immediate cause  (a) Canadian Decomposition  Antecedent causes (s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  (b) (c)  (c)  (c)  (1. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not  (c)
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  14343 Immediate cause  (a) Caradian Decomposition  Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  (b) DUE TO  (c)  1. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not  Chusque Nephralis  7
Immediate cause  Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  DUE TO  1. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not  Chroque Nephralis  7.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  DUE TO  (c)  1. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not  Chroque Nephralis  7.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  (c)  OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not  Chusque Methods  7
Diseases or conditions, if any, (b)
giving rise to the above cause stating the underlying cause last. DUE TO  (c)  (c)  (1. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not
1. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not
Conditions contributing to the death but not
related to the disease or condition causing death.  AUTOMORPHATION 1 19h MAJOR FINDINGS OF OPERATION 120. AUTO
38. DATE OF OTERATION. 130. MASON PROPERTY.
Yes N
SULCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED   HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At Work
A FE
alive on 12 cury, 19. 3, and that death occurred at 10.50 H, from the causes and on the date stated above
CICNATURE / (Docume on titia)
SIGNATURE (Degree or title) ADDRESS . ADDRESS .
William D. lund mo Silver Joung mg 8714/53
William D. land MD Silver Johnson Mg 1/4/53 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or county) (Sta
William D. lend M.D. Selver Spring Mg 87/4/53  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Start - Branch - B
William D. lend M.D. Selver Spring Mg. 14/53  23. BURIAL, CREMATION, DATE THEROF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Surematory
William D. level MD Silver Spring Mg 87/4/53  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Sur REMOVAL (Specify) Run 15 14/55)  TRANSIT - Guy 5 14/55  Level MD Silver Spring Mg 87/4/53  Level MD Silver Spring Mg 97/4/53  Level MD Silver Spri

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Physicians:

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DATE REC'D BY LOCAL

REGISTRAR'S SIGNATURE

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every item of information carefully.

## PLAINLY TYPE OR WRITE -10 - 53PLEASE A15-

VS.

MARYLAND STATE DEPARTMENT	T OF HEALTH—BALTIMORE, 18()	7872
7883 CERTIFICATE	E OF DEATH Reg. Dist.	No. 214
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
county Montgomery Maryland	STATE Maryland county Mon	ntgomery
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL at	nd give nearest town)
56 TOWN Silver Spring	TOWN Silver Spring	56
HOSPITAL OR	STREET (If rural give location)	
STREET ADDRESS 10,217 Big Rock Road	10,217 Big Rock Road	MARIE EL
DECEACED		Oay) (Year)
(Type or Print) Dantel Richard	Finnin DEATH: August	2 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, Specific Constitution of the color of the	Months D	EAR IF UNDER 24 HRS.  Rys Hours   Min.
Male White (Specify): Single May 23	11. BIRTHPLACE (State or foreign country):  12.	
work done during most of working life OP INDUSTRY.		COUNTRY?
even if retired): Student	Washington, D. C.	J.S.A.
Richard Joseph Finnin	Loraine Cooper	IN Other State
15. WAS DECEASED EVER IN U.S. ARMED FORCES!   18. SOCIAL SECURITY NO.		
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mr. Richard J. Finnin	
18. MEDICAL CERTIFICAT	10,217 Big Rock Rd., Silver Sp	oring, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	100	INTERVAL BETWEEN
196X mater	strate to the	1 '
IMMEDIATE CAUSE (A)	J-ans 105 mng	since
ANTECEDENT CAUSE (5)	reome.	operation
GIVING RISE TO THE ABOVE CAUSE DUE TO	1	
STATING UNDERLYING CAUSE LAST.	-loss ones (M love)	0/2/21
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	- the contraction dely	9/7/54
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION:   198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
v Sept. 7, 1954 Osteo - sa	neoma	YES NO
21A. ACCIDENT WAS UNDERLYING OF PLACE (Home, farm, fact OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	194 , 70 8/2, 195 J, that I last	saw the deceased
alive on 3 - Z , 195 J, and that death occurred at	3 P. M. from the causes and on the date s	stated above.
harly a. millwater M	. D. 2434 - 16th NU Thash	2 C 8/2/17
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY   LOCATION (City, town, or	county) / (State)
Burial 8/5/55 Cedar Hill (	Cemetery Prince Geo. Cour	nty, Md.

FUNERAL DIRECTOR

8434 Ga.

umphrey Silver Spring, Md

ANDDRESS

BUREAU V. S.

2361 8 20A

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 078	87
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7224 CEDTELCATE OF DEATH

OEMILEI	CAIL	OF DEA	TIL	Reg. Dist	. No.	201
1. PLACE OF DEATH:		2, USUAL RESID	ENCE (HOME) OF	DECEASE	D:	
COUNTY Montgomery MARYLAN	D.	state Mar	yland COUNT	, Cha	rles	
CITY (If outside corporate limits, write RURAL LENGTH	OF STAY	CITY(If outside	corporate limits, wri		and give neare	est town)
HOSPITAL OR The Clinical Center	accyp	STREET	(If rural g	ve location	)	
50 STREET ADDRESS Natl. Institutes of Hear	lth	ADDRESS				
3. NAME OF (First) (Middle)	()	Last)	4. DATE (Mo			ear)
(Type or Print) William Joseph	Fr	eeman	DEATH: A	ugust	2 19	55
		ог віктн: у 5, 1880	9. AGE last birthday 75 yrs.		Days Hours	Min.
OR INDUSTRY  work done during most of working life, even if retired): Domestic  10B. KIND OF BUS OR INDUSTRY Not stated		Maryland	(State or foreign cou	ntry);  12.	CITIZEN OF COUNTRY? U.S.A.	
13. FATHER'S NAME:		14. MOTHER'S M				
Frank Freeman		Not stat	ed			
15. WAS DECEASED EVER IN U.S. ARMED FORCEST   15. SOCIAL SECUR	HTY No.	17. INFORMANT	& ADDRESS:			
(Yes, no, or unk.) (If Yes, give war or dates Not star	ted	The medical	record, The	Clinic	al Cente	r
18. MEDICAL CE		ON			INTERVAL I	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	ATH				ONSET AND	DEATH
IMMEDIATE CAUSE (A) Hypo	tension	And shock				
DUE TO			lastacia			
ANTECEDENT CAUSE (S) (B) Pulmo DISEASES OR CONDITIONS, IF ANY, (G) Post-	onary e	dema and ate phagogastrec	tomy			
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	-oh esoi	omagogaseree	COMY			
	inoma o	f esophagus	The state of		100	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	2.220110	_				
DISEASE OR CONDITION CAUSING DEATH.	PERATION				20. AUT	OPEV2
8-1-55 Carcinoma of mid-esc	ophagus				YES X	но 🗌
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)	farm, factor office bldg.,	etc. INJURY OCCU	DID (City or town)	(Cour	ity) (S	state)
	t while work	21F, HOW DID	INJURY OCCUR?			
22. I hereby certify that I attended the deceased from	m Apr.	29 1955, to Au	g. 2 , 1955,	that I las	t saw the d	eceased
alive on Aug. 2 , 1955, and that death occ SIGNATURE		9:15PM, from the ADDRESS	SS		stated about SIGNED	ve.
23. BURIAL, CREMATION, DATE THEREOF NAME C		RY OR CREMATOR				(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 14155		Barnest 9		619	ADDRESS	+ s.u

SECENAED

EVO A. S.

MARYLAN	D STATE I	DEPARTMENT	r of h	EALTH—BA	LTIMORE,	18		Reg	g. Dist.	11
MEDICAL	EXAMI	NER'S	CERT	TIFICAT	E OF	DE	ATI	I No	2	14
1. PLACE OF DEATH:			2	. USUAL RESIDE	NCE (HOME)	OF DEC	EASED:			
COUNTY Monte	gomery	MARYLA	ND _	STATE Mary	land cou	NTY M	lontgo	mery		
CITY (1f outside corporate OR and give nearest too TOWN Silver S	vn)	JRAL LENGTH (in this		CITY (If outside OR TOWN S	le corporate limi		RURAL	and give	e nearest	town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 881	Sundale	Drive		STREET ADDRESS	313 Sunda		ive locati	on)		1
DECEASED.	irst) EPHINE	(Middle)		Last) ICHER	4. DATE OF DEATH			Day)	(Year)	55
5. SEX: 6. COLOR RACE:	OR 7. SING	LE, MARRIED, OWED, DIVQRCED,	8. DATE	OF BIRTH:	9. AGE last b	irthday:				
female   white	(Speci	ify): married		12, 1918	36	yrs.	Months		Hours	Mln.
10a. USUAL OCCUPATION work done during most even if retired):	(Give kind of of work life, usewife	10b. KIND OF BUS INDUSTRY: OWN home	INESS OR	New Yor	k City, N		ountry):	CO	IZEN OI UNTRY! S. A.	F WIIAT
13. FATHER'S NAME:				14. MOTHER'S MA	IDEN NAME:					
Henri Richa				Thereas	a Carr					
15. WAS DECEASED EVER IN U (Yes, no, or unk.) (1f Yes, gi no service)	S. ARMED FORCES we war or dates of	? 16. SOCIAL SECURIT		. INFORMANT & r. George F		, 881	L3 <b>S</b> w	ndale	Driv	re
		15	R. MEDICAL	CERTIFICATION	Sil	ver :	prin		rylan	
I. DISEASES OR CONDITIO	(a)	LEADING TO DEATH	H:	and edema	of lungs				TERVAL I	
Antecedent cause(s)	DUE TO	Dowled turns to		nina (auiai	del			1	load	m
Antecedent cause(s)  Diseases or conditions, if glving rise to the above stating underlying caus	cause DOE 10	Baroltura	e poiso	HINE (SOLE)	.de j	•••••	•••••		-4	,,,,,,,,,,,
II. OTHER SIGNIFICANT COUNTY TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATE	D TO THE							7	
19a. DATE OF OPERATION								20	Yes	
21a. EXTERNAL CAUSE W PRIMARY OF CONTRIB CAUSE OF DEATH.	UTING [	PLACE (Home, farm OF street, office 1NJURY	bldg., etc.,	21c. (City or to		(Count	y)		(State)	
21d. TIME (Month) (Day) OF INJURY	(Year) (Hour) M.	While at No	RRED ot while work	21f. HOW DID	INJURY OCCU	IR?				
22. I hereby certify the	at I took char	ge of the remain	s describe	d above, held a	n Autopsy	, Ins	pection	□, In	quiry [	], and
find that death resu	ilted from: N	latural causes	, Accide	nt [], Suicide	, Homic	ide [],	Und		ned car	
Trank Q	Bross	hart		M. D. ASSI	F MEDICAL I	EXAM:	NER AM.		- 5- 5	
23. BURIAL, CREMATION, REMOVAL (Specify)	8/8/55			OR CREMATORY					) (	State)
Burial DATE REC'D BY LOCAL	REGISTRAR'S	SIGNATURE.	ivet Ce	24. FUNERAL D	RECTOR	Tugra	n, D.		ADDR	ESS
REG. 8-7-55	tran	es Cati	er	vanuer &	Lumps	Kels	0434	Ga.	ave.	-86.3
					-	1	, SILV	er S	oring	, 40

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ST THE REPORT AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY OF THE P

#### RE, 18 ()7875 Reg. Dist. No. 215 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7885 CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Montgomery MARYLAND	STATE Florida COUNTY	
CITY (If outside corporate limits, write RURAL (in this place)  TOWN Bethesda Rural 40 days		and give nearest town)
HOSPITAL OR	STREET (If rural give location	)
STREET ADDRESS U. S. Naval Hospital	2020 1st Avenue North	<b>√</b>
S. NAME OF (First) (Middle) DECEASED: (Type or Print) John LeRoy GALL	OF .	Day). (Year) 10 1955
	E OF BIRTH: 9. AGE last birthday   If UNDER   Months   1	
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if Articolobile mechanic Service Station	II. BIRTHPLACE (State or foreign country):   12.   Pennsylvania   U.	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John GALLAGHER	Lena FEASS	
S. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service) WW I 109-18-3596	17. INFORMANT & ADDRESS: Wife Margaret L. GALLAGHER Same as above	
18. MEDICAL CERTIFICA		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
45/X Marls	a a annest	3 Hours
IMMEDIATE CAUSE (A) DUE TO	AC 471-21	
ANTECEDENT CAUSE (8)	whose Mouslavy & surge	311 4-1-
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	in the second of the second	Jela Hours
STATING UNDERLYING CAUSE LAST.		1, 0
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	cora	unsum.
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
May 10,1955 American	aldoning aorla.	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg	actory, 21c. WHERE DID (City or town) (Coun	(State)
PID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work at work	ED   21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July	1 , 1955, to August 1,019 55 that I las	t saw the deceased
Dalive on August 10 19.55 , and that death occurred a		stated above. TE SIGNED
STORATURE COMPANY OF SHEET		
	Mospital, NNMC, Bethesda, Maryla	nd
D. C. TURNIPSEED CAPT MC USN U. S. Naval H	Hospital, NNMC, Bethesda, Maryla: ETERY OR CREMATORY LOCATION (City, town, of the complex of the	r county) (State)

DECENTED

91 91 100 IB 1822

on carefully. The

# WRITE PLAINLY, WITH UNFADING INK. Supply every item of inform. PLEASE TYPE 10 - 53 A15.

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 2/6 CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND	STATE Maryland county Montgomery
CITY (If outside corporate limits, write RURAL (in this place)  Town Bethesda LENGTH OF STAY (in this place)  2 days	CITY(If outside corporate limits, write RURAL and give nearest town or Town Silver Spring,
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center, Betherda	STREET (If rural give location)  9700 Armisted Road
3. NAME OF (First) (Middle) (DECEASED: (Type or Print) Sherry Colleen Gibbons	Last)  4. DATE (Month) (Day) (Year)  OF DEATH: Aug. 24, 1955
RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HS  24, 1951 3 yrs. Mi
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child Child	District of Columbia   12. CITIZEN OF WH. COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME;
Arthur Gibbons	Mary Ann Campbell
(Yes, po, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: The Medical Record, Clinical Center
18. MEDICAL CERTIFICATI	
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY. (B)  Cellul	atory collapse itis, septicemia
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
	lymphatic leukemia
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  6-Merc	captopurine and Methotrexate
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	ory, 21c. WHERE DID (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY  M. 21E INJURY OCCURRED  While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Aug.	22, 1955, to Aug. 24, 1955, that I last saw the deceas
alive on Aug. 24, 19.55, and that death occurred at SIGNATURE	ADDRESS DATE SIGNED
23. BURIXL, CREMATION, DATE THEREOF NAME OF CEMETE BEMOVAL (SPECIFY)  Survey  M.  NAME OF CEMETE  Servey  NAME OF CEMETE  Servey  NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or county)   (Stan Meny, Cen., P., Leo. Co, Md

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AUG 29 1955

VS. A15

MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMORE, 18(1)	ログウ
7889 CERTIFIC.	ATE OF DEATH Reg. Dist.	No. 216
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF/DECEASED:	4 1
county Montgomery MARYLAND		
CITY (If outside corporate limits, write RURAL LENGTH OF OR and give nearest town) (in this plus TOWN	ace) OR	10 X - 2
50 STREET ADDRESS national Monthles ) Hea	STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED:  (Type or Print)  (First)  (A)  (First)  (A)  (First)  (A)  (First)  (A)	Gladhill 4. DATE (Month) (Day OF DEATH: AUG. 2/	(Year)
5. SEX:  S. COLOR OR RACE:  (Specify):  (S	DATE OF BIRTH:  9. AGE last birthday I I UNDER 1 Y  Months De gro.	EAR IF UNDER 24 HRS.  Hours   Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	ESS OR   11 BIRTHPLACE (State or foreign country):  12,	COUNTRY?
13. FATHER'S NAME: William Caver	Sarah Brancholurg	
15 WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY N. (Yes, no, or unk.) (If Yes, give war or dates of service)	o.: 17. INFORMANT & ABORESS:	
18. MEDICAL CERTI	FICATION	Interval Between
Immediate cause  Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  (a)  DUE TO  (b)  DUE TO  (c)	preumonie + pulmonary abscesses statu Carenoma in lungs, wearenome right breast	Onset And Death
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERA	TION	20. AUTOPSY ?
2I. ACCIDENT (Specify) PLACE (Home farm factors	street, (CITY OR TOWN) (COUNTY) (S	Yes No No
SUICIDE OF office bldg., etc.)  HOMICIDE INJURY	, street, (CIII OR TOWN)	,1212)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURED While at Not Whi INJURY m.   Work   At Wor		
22. I hereby certify that I attended the deceased from A	4 4 ,19.55, to Ang. 21, 19.55, that I last	saw the deceased
alive on Mrs. d., 1955, and that death occurred SIGNATURE (Degree or title)  Ornal Flick/Richard Master M. O.  23. BURIAL, CREMATION, DATE THEREOF NAME OF C.	at 11'. 24 Am, from the causes and on the date ADDRESS The DA	8 d/55
TREMOVAL (Specify) 8-23-55 Luther	EMETERY OR CREMATORY LOCATION (City, town, or co	ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRARY 22/55 DELSIEM LOOM PA	or Cladial C. Middle town	1d -



AUG SI 1965

PLEASE TYPE

VS. A15-

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()7878

7889 CERTIFICATE OF DEATH

Reg. Dist. No. 215

1, PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY Nant company	STATE Virginia COUNTY		
COUNTY Montgomery MARYLAND  CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)		
OR and give nearest town) (in this place)	TOWN Chincoteague 83x.3		
HOSPITAL OR	STREET (If rurai give location)		
INSTITUTION OR	ADDRESS		
U. S. Naval Hospital	69 Enterprize Drive		
DECEASED: (Type or Print) Cecelia Florence GOI	(Last) 4. DATE (Month) (Day) (Year) OF DEATHAUgust 2 1955		
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED. (Specify): Married 2-23-6	9. AGE iast birthday   IF UNDER 1 YEAR   IF UNDER 24 MRS.   Months   Days   Hours   Min.		
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):Housewife  OB. KIND OF BUSINESS OR INDUSTRY: Housewife	Pennsylvania   12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
Wincont DOCEV	Mary HYDUKE		
Vincent ROSEK  S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:		
(Yes, no, or unk.) (If Yes, give war or dates No Unknown	Husband Louis G. GOMEZ		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	hophlebitis of legt leg 4 weeks les tomeningitis Wakness		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO		
2 IA. ACCIDENT WAS UNDERLYING 2 IB. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work			
22. I hereby certify that I attended the deceased from 1Jul	ly., 1955, to 2. Augus, 1955, that I last saw the deceased		
alive on 2 August 1955, and that death occurred at signature  G. I. PLITMAN LT MC USN PU. S. Naval Hospit	2:05 PM, from the causes and on the date stated above.  ADDRESS DATE SIGNED  ADDRESS, NNMC, Bethesda, Maryland		
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY) Burial transit 8-6-55 Prospect Lat	wn LOCATION (City, town, or county) (State) Hamburg, New York		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 7-3-55  DANY G. FORSELLY	24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home 7557 Linearan Avenue Pathogde Manyland		

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9561 6 **9NY** 

DECENTED

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	TANK A DAKKATATATA CO	CEDMITTIC A MIC	OB	TOTAL A PRITE.	211
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No.

TIZZI DI CII	THE STREET	BIL O CBI	ZXXIOIXX		ALLEN I	10
I. PLACE OF DEATH	•		2. USUAL RESIDENCE	CE (HOME) OF DEC	CEASED:	
COUNTY Mont	gomery	MARYLAND	STATE Maryla	and county	Montgom	erv
OR and give near	rporate limits, write RURAI rest town) rer Spring	LENGTH OF STAY (in this place)	OR	corporate limits write	RURAL and g	ive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	1430 Fenwick	Lane	STREET ADDRESS 1430	(If rural, g ) Fenwick Lar	rive location)	1
3. NAME OF DECEASED: (Type or Print)	(First) MARION IVA	(Middle) N GOOD	(Last)	4. DATE (Mo	onth) (Day)	(Year) 19 55
male wh	ite (Specify):	married Apri	1 27, 1913	. AGE last birthday: 42 yrs.	Months Days	
work done during even if retired):	TION (Give kind of 10b. most of work life, Driver-Bookmobile)	industry: Drary  Montgomery Cou	nty Washing	(State or foreign conton, D. C.	ountry): I2. C	OUNTRY'S.A.
13. FATHER'S NAME	and the second s		14. MOTHER'S MAIL			
Harry Ivan			Marion	Adelaide For	wler	
15. WAS DECEASED EVI (Yes, no, or unk.) (If	Yes, give war or dates of	. Social Security No.:   578-28-5654	Mrs. Ruth M.	Goodwin, 143	0 Fenwick ver Sprip	
stating underlying	ions, if any, (b) above cause DUE TO	BUTING				
	TOTAL TOTAL TOTAL TRANSPORT TO THE PROPERTY OF					20. AUTOPSY?
						Yes 🗆 No 🛛
21a. EXTERNAL CAU PRIMARY [] or CON CAUSE OF DEATH.	NTRIBUTING D OF	CE (Home, farm, factory street, office bldg., etc URY			ty)	(State)
21d. TIME (Month) ( OF INJURY	1	INJURY OCCURRED While at Not while work □ at work □	21f. HOW DID IN	JURY OCCUR?		
find that death SIGNATURE  23. BURIAL, CREMA REMOVAL (Specif Burial	9/6/55	NAME OF CEMETER ARLINGTON Na	dent [], Suicide [ CHIEF DEPUT M. D. ASSIST  RY OR CREMATORY  tional Cemeter	MEDICAL EXAMINATION (City, Arling)	, Undeterm	ined cause DATE SIGNED C-/-55 ty) (State) inia
DATE REC'D BY L	OCAL REGISTRAR'S SIG	NATURE	Warner & T	umphrey	8434 Geor <del>Silver Sp</del>	gia Ave.

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

291	CERTIFICATE	OF	DEATH

Supply every item of infor-

INK.

UNFADING

WRITE PEAINLY, WITH

PLEASE TYPE

6-20-55

VS. A15-10-53

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:	2. USUAL RESID	ENCE (HOME) OF DECEASED	):
. COUNTY Montgomery MARYLAND	STATE Virgi	nia county	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside	corporate limits, write RURAL a	nd give nearest town
OR and give nearest town) (in this place) X TOWN Bethesda Rural 3 days	OR TOWN Fa]	ls Church	83X_3
HOSPITAL OR 5/INSTITUTION OR 5/STREET ADDRESS U. S. Naval Hospital	STREET ADDRESS	(If rural give location) adnor Place	1
	(Last)		Day) (Year)
DECEASED: (Type or Print) Leon Herman GOVER		OF DEATHAUgust 1	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married 7-19-		9. AGE last birthday   IF UNDER 1 Y   Months   D	ays Hours   Min.
IOA. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS			COUNTRY?
even if retired) Mariner U. S. Navy  13. FATHER'S NAME:	Massachuset		U.S.
13. FATHER S NAME:		AIDEN INNE.	
Frederick GOVER	Unknown		
(Yes, no, or unk.) (If Yes, give war or dates of service) 4-2-24 to 1-26-46 Unknown	Wife Rhoda Same as above	COVER	
18. MEDICAL CERTIFICAT	ION M. //	schrotic),	INTERVAL BETWEE
IMMEDIATE CAUSE  ANTECEDENT CAUSE (5)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (A)  DUE TO  DUE TO  DUE TO	SC/EROS	15	UNKNOWN
(C)		1	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	osis, Left	LRTIBRA) ARTIN	?
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	4		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. 21c. WHERE	DID (City or town) (Count IR?	(State)
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID	INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug.	16 , 19 55, to A	ug. 19, 19 55, that I last	saw the decease
alive on 19		he causes and on the date	
W. B. INGRAM COR MC USN U. S. Naval Host	ital, NAMC.	Rethesda Maryland	county) (State
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY)  Burial 8-23-55  Arlington Na	ery or cremator tional	Arlington, Virgi	
DATE REC'D BY LOCAL   REGISTRAK'S SIGNATURE	1 24 FUNERAL I		ADDRESS

MEGENAED STATES



Win Min "

Item 3: F.1 - 6185 9/15/55 L

MARILAND STATE DELARMENT OF	
MEDICAL EXAMINER'S CER	TIFICATE OF DEATH No. 2/6
I. PLACE OF DEATH: 4093	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MORTHING MARYLAND	STATE med COUNTY month
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN  LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN
HOSPITAL OR OINSTITUTION OR STREET ADDRESS 6008 Mon-akagan RA	STREET (If rural, give location) ADDRESS 600 & Momakagan Rd
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Edward Eliot	(Last) Green   4. DATE (Month) (Day) (Year) OF DEATH (20-9 30 1955
m RACE: WIDOWED, DIVORCED, (Specify): marrie 10-1	715.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, INDUSTRY:	R   11. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHAT COUNTRY?
even if retired): Aeronautical Engineer	Washington D.C. U.S.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Edward Green	Catherine Wagner
	17. INFORMANT & ADDRESS: Lottie R. Green
No service) Yes	Vife-6008 Namakagan Rd, Glen Echo Hgts.
	AL CERTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
Immediate cause (a) Ideseral consult	hereney days.
DUE TO Bearcho senielle	carcistoma left lung C
Antecedent cause(s) Diseases or conditions, if any, (b)	SIT + Right admination ( 49115) (
giving rise to the above cause DUE TO	
stating underlying cause last (c)	10
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	da valve heart disease Bheumartic Venne!
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ♥ No □
21a. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.  21b. PLACE (Home, farm, factory OF street, office bldg., etc. INJURY	, v
21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   While at Not while   INJURY   M.   work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy 🖸, Inspection 🖂, Inquiry 🗀, and
	dent [], Suicide [], Homicide [], Undetermined cause [].
SIGNATURE Q	CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER
Janky more hart	M. D. ASSISTANT MEDICAL EXAM. 18-3/-53
REMOVAL (Specify)://	RY OR CREMATORY LOCATION (City, town, or county) (State)
Rurial 9-2-55 Rock Creek	Cem. Washington, D. C.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	B. Dathards Md

07883 7894

Reg. Dist.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 2/6
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	20.0
COUNTY MINTEMERY MARYLAND	STATE New York COUNTY Richmor	nd = 1x-3
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN LTheodor	CITY (If outside corporate limits write RURAL and OR TOWN W. New Brighton -Staten	
HOSPITAL OR INSTITUTION OR HOT Shoffe facting Lat	STREET (If rural, give location) ADDRESS 438 Kissel Ave.	√_
3. NAME OF (First) (Middle) DECEASED: (Type or Print) ARTHUR LAWRENCE GREE	(Last) 4. DATE (Month) (Day) OF DEATH August 13	(Year) 19 55
	FE OF BIRTH:  9. AGE last birthday: IF UNDER I YE Months Day  yrs. Months Day	Ilours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retiredBanker   10b. KIND OF BUSINESS Control   10b. KIND OF BUSINESS CONTROL		CITIZEN OF WHAT COUNTRY? JS
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Arthur Greene	Mary L. Foley	
15. Was Deceased Ever In U.S. Armed Forces ? (Yes, no, or unk.) (If Yes, give war or dates of NO 113-01-1124	17. INFORMANT & ADDRESS:  Mary C. Greene-Item# 2	
18. MEDIC	CAL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	cclusion	ONSET AND DEATH
Antecedent cause(s)  Diseases or conditions, if any, (b)  giving rise to the above cause DUE TO		
stating underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes □ No ☑
21a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   OF street, office bldg., etc.	c.,	(State)
21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED While at Not while INJURY M.   Work □ at work □		
22. I hereby certify that I took charge of the remains descr	ibed above, held an Autopsy [], Inspection []	Inquiry , and
find that death resulted from: Natural causes , Acc SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE BURMAYALT Specific 8-14-55 Staten Isla	eny or crematory   LOCATION (City, town, or co	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 8/15/55 Dessie M. Howker	24. VINERAL DIECTON	ADDRESS esda, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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item of Information carefully.

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OR WRITE PLAINLY, WITH UNFADING INK.

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VS.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07884 7895 CERTIFICATE OF DEATH Reg. Dist. No. 215

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MONTGOMERY MARYLAND	STATE Maryland COUNTY PARTY
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN Bethesda Rural  LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Adelphi
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital	STREET (If rural give location) ADDRESS 8611 22nd Place
DECEMBER OF THE PROPERTY OF TH	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: August 20 1955
BACE. WIDOWED DIVORCED	9. AGE last birthday   IF UNDER 1 YEAR   HOURS   Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	Virginia Virginia 11. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William M.A. GREENE	Virginia COOKE
(Yes, no, or unk.) (If Yes, give war or dates of service) (15. Social Security No.	Father Miliam M. GREENE 8611 22nd Place Adelphi, Md.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
OF INJURY  21. Time (Month) (Day) (Year) (Hour) (While at work	ul., 1955, to 20. Aug, 1955, that I last saw the deceased 3:10P <sub>M</sub> , from the causes and on the date stated above.  ADDRESS  DATE SIGNED  NEMC, Bethesda, Maryland  8-20-55
OF INJURY  OF INJURY  OF INJURY  OF INJURY  OF INJURY  OF INJURY  OR 20 Aug  19 55, and that death occurred at R.W.MACKIE, LCDR MC USN U.S.Naval Hospital, M.	ul., 1955, to 20. Aug, 1955, that I last saw the decease 3:10PM, from the causes and on the date stated above.  ADDRESS  NEMC, Bethesda, Maryland  Bethesda, Maryland  Cocation (City, town, or county)  (State

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

I. PLACE OF DEATH:		2. USUAL RESIDENCE	(HOME) OF DECEASED:	
county Montgomery	MARYLAND	STATE Maryla	nd county Montgo	mery
CITY (If outside corporate limits, write RU OR and give nearest town)	RAL LENGTH OF STAY (in this place)	CITY (If outside co	rporate limits write RURAL and	d give nearest town)
Trown Takoma Park		TOWN Rockvi	lle	26
HOSPITAL OR Washington STREET ADDRESS	Sanitorium	STREET 461	2 Coachway Driv	re /
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month) (Day	y) (Year)
DECEASED: (Type or Print) WALTER	JAMESR C	ROVER	DEATH Aug. 2	20 19 55
5. SEX: 6. COLOR OR 7. SINGI RAGE; WIDO	LE, MARRIED, 8. DATE	OF BIRTH: 9. A	AGE last birthday: IF UNDER I	
Male   White   (Speci	$fy$ ): $Child \mid b-\lambda$	6-1945	10 yrs. 1	ays   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life,	10b. KIND OF BUSINESS OF	11. BIRTHPLACE	(State or foreign country): 12	CITIZEN OF WHAT COUNTRY?
even if retired): child		Washingt	on, D.C.	U.S.
13. FATHER'S NAME:		14. MOTHER'S MAIDE		II
Benjamin 1	1. Grover		Margaret	Harlow
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADI	DRESS: Mrs. Schma	1 t. z
no service)	none	cousin	Fit 5. Define	102
		AL CERTIFICATION		1.
I. DISEASES OR CONDITIONS DIRECTLY L				INTERVAL BETWEEN ONSET AND DEATH
1843X Immediate cause (a) Shock Hemorrhuge				
Immediate cause (a)	shock - Kin	muye		136 2
do				da
Diseases or conditions, if any, (b)	ardiae arres	<i>T</i>		70
giving rise to the above cause DUE TO	DIT	1		/
stating underlying cause last (c)	Rustine if ap	llen		
TO THE DEATH BUT NOT RELATED	TRIBUTING O THE			
DISEASE OR CONDITION CAUSING DE	ATH			
19a. DATE OF OPERATION: 19b. MAJOR	FINDING OF OPERATION:	bleen a		20. AUTOPSY? Yes □ No ☑
21a. EXTERNAL CAUSE WAS   21b.	PLACE (Home, farm, factory		Mounty)	(State)
PRIMARY (7 or CONTRIBUTING []	OF street, office bldg., etc.	. 1 . 160.	1.00	mel
2Id. TIME (Month) (Day) (Year) (Hour)	INJURY STATES	21f. HOW DID INJ	URY OCCUR?	7179
OF INJURY 9-16-55 9:30 P M.	While at Not while work at work	Fell to st. 2 m	triggle ofter collid	lux unt a fragel
22. I hereby certify that I took charg				
find that death resulted from: N	atural causes   Accie	lent 🛛 , Suicide 🔲	, Homicide [], Undetc	rmined cause [].
SIGNATURE		CHIEF N	MEDICAL EXAMINER MEDICAL EXAMINER	DATE SIGNED
Shant O Brown	hout	M. D. ASSISTA	NT MEDICAL EXAM.	8-21.55
23. BURIAL, CREMATION DATE THERE	OF   NAME OF CEMETER	RY OR CREMATORY	LOCATION (City, town, or co	ounty) (State)
REMOVAL (Specify): // 8-23-5	5 Mt. Olivet		Washington	D.C.
DATE REC'D BY LOCAL REGISTRATES	SICHATURE /	24. FUNERAL DIREC	1.	ADDRESS
Mg-21-1955 / 1/1	ceson pad	F. a. 6	Lucy Ins Bet	thesda, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

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19A. DATE OF OPERATION:

MAJOR FINDINGS OF OPERATION

218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?

(County)

(Day)

Days

19

INTERVAL BETWEEN

ONSET AND DEATH

Hours

COUNTRY?

(State)

NO

(State)

20. AUTOPSYT YES V

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

DATE REC'D BY LOCAL

REGISTRAR ()

21A. ACCIDENT WAS UNDERLYING

21E INJURY OCCURRED Not while While at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 aug, 19.55, to 31 aug, 19.57, that I last saw the deceased age and that death occurred at /. /OPM, from the causes and on the date stated above. alive on 3/ as DATE SIGNED SIGNATURF

23. BURIAL, CREMATION DATE, THEREOF REMOVAL (SPECIFY)

19B.

M. D DAME OF CEMETERY OR CREMATORY

2 LOCATION (City, town, or county)

REGISTRAR'S SIGNATURE 24. FUNERAL RECTOR

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Burial

MARYLAND STATE DEPARTMENT 1 tom 8 FilmGl85 8-15-55 et 7897	T OF HEALTH—BALTIMORE, 18 ()7888 C OF DEATH Reg. Dist. No. 215
1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED:  STATE GEORGIA COUNTY 49 X - 3
CITY (If outside corporate limits, write RURAL or and give nearest town)  Y TOWN Bethesda Rural  LENGTH OF STAY (in this place)  13 days	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Thomaston
HOSPITAL OR 5/STREET ADDRESS U. S. Naval Hospital	STREET (If rural give location) ADDRESS 614 3rd Street
3. NAME OF (First) (Middle) (Opened Sept. (Type or Print) Jack Tunis HARDEMA	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married /5/37/	OF BIRTH: 9. AGE last birthday   IF UNDER 1 YEAR   Hours   Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner  10B. KIND OF BUSINESS' OR INDUSTRY:  U. S. Navy	'I'. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHAT COUNTRY?  Georgia U. S.
13. FATHER'S NAME: Pat Leonard HARDEMAN	14. MOTHER'S MAIDEN NAME: Ruby CARUTHERS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) WW II, Korean Unknown	17. INFORMANT & ADDRESS: Official Naval records
18. MEDICAL CERTIFICAT  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  204.0 IMMEDIATE CAUSE  (A) DUE TO	Symphetic Lubinia 2 yr.

GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH.

8-9-55

198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION:

21A. ACCIDENT WAS UNDERLYING [ 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY,

OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour)

21E INJURY OCCURRED Not while at work at work

(B)

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 July 19...55 to 5 August, 1955, that I last saw the deceased

alive on .5. August ..., 19.55., and that death occurred at 8:45. AM, from the causes and on the date stated above. ADDRESS DATE SIGNED NAME OF CEMETERY OR CREMATORY Rotherd City Town of County)

23. BURIAL, CREMATION. DATE THEREOF REMOVAL (SPECIFY)

transit

Private Cemetery

Thomaston, Georgia

20.

**ADDRESS** 

(County)

AUTOPSY? NO

(State)

(State)

24. FUNERAL DIRECTOR

A. Pumphrey Funeral Home

(City or town)

REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL REGISTRAR

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	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	180788
7898	CITAT	DUNITATIO A INTO	OT	TOTAL POTT	2

1. PLACE OF DEATH:	1 2	IISIIAI PEG	SIDENCE (	HOME) OF	DECEA	SED.		
		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery						
	LAND	STATE Ma						
CITY (If outside corporate limits, write RURAL OR and give nearest town)  X TOWN Bethesda Rural	in this place)  3 ho urs	OR TOWN Be			ite RURA	L and g	ive neares	t town)
HOSPITAL OR	2 110 410	STREET	911000	(If rural g	rive locati	on)	1	
5/STREET ADDRESS U. S. Naval Hospita		6303 E.	Halber	rt Road				
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Laurence Withersp.	(Las		4.	OF DEATH: A		(Day)	(Ye	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCE (Specify)	8. DATE OF	- N-100	9. AGE	last birthday				-
OA. USUAL OCCUPATION (Give kind of work done during most of working life,	BUSINESS 11	. BIRTHPLAC	CE (State or	160	intry):  1	COU	NTRY?	WHAT
Attorney Law	1	Ohio 4. MOTHER'S	MAIDEN	NAME:		U.S.		
Lewis E. HARRY		Minnie						
	W	7. INFORMAN	M. HAR	RESS:				
100	L CERTIFICATION		<del>No V.a</del>	1/4/2			ERVAL BI	
IMMEDIATE CAUSE (A)	Ventricul ressive an yestersive a	em fil	Pilla	tim				ecs.
ANTECEDENT CAUSE (\$)		, ,				n'		0
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE  DUE TO	relieve an	ter - Sy	Ital m	younde	of w	arten	15	Kows
STATING UNDERLYING CAUSE LAST.	seitensive o	Cardis-Va	16 da	dise	111		1000	0
TO THE DEATH BUT NOT RELATED TO THE	6						109	70
DISEASE OR CONDITION CAUSING DEATH	OF OBERATION							
ISA. DATE OF OF ENATION.	OF OFERATION						S AUTO	NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (FOR CONTRIBUTING CAUSE OF DEATH OF INJURY statements)	Iome, farm, factory, reet, office bldg., etc.	21c. WHER		ty or town)	(Co	ounty)	(Sta	ate)
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY While at work	Not while at work	21F. HOW DI	ID INJURY	OCCUR?				
		+ 10 55 to	7 Augu	st. 19.55,	that I l			
22. I hereby certify that I attended the deceased								
alive on Maugust , 19.55, and that death	occurred at 3:	55A M, fron	n the caus	ses and on	the da	DATE S	IGNED	е.
alive on Maugust , 19.55, and that death		55A M, fron	n the caus RESS Bethesds ORY LO	ses and on	the da land lity, town	or cou	nty)	(State)



VS. A15-10-53

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MARYLAND STATE DEPAR	TMEN	r of healt	H—BALTIMOF	RE. 18	07889
tem 18 Dr. Dayens phone to USNH 8-21-55				Reg. Dist.	. No. 215
1. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF	DECEASED	0:01
COUNTY Montgomery MARYLAND CITY (If outside corporate limits, write RURAL on and give nearest town) X TOWN Bethesda Rural 2 days	OF STAY	STATE Mary	corporate limits, writ		and give nearest town)
HOSPITAL OR 5/STREET ADDRESS U. S. Naval Hospital		STREET ADDRESS 5614 Cl	(If rural gi nillum Hts. I	,	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Marvin Hugh	H	Last) AYWARD	4. DATE (Mor	gust 2	1977
Male Caucasian (Specify): Married	11-22-		9. AGE last birthday 26 yrs.	Months D	ays Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner  10B. KIND OF BUSION OR INDUSTRY:  OR INDUSTRY:	INESS	Kansas	(State or foreign cour		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S M	AIDEN NAME:		
ugh HAYWARD		Mildred '	COMBAUGH		
(Yes, no, or unk.) (If Yes, give war or dates of service) Korean war Unknown	TY No.	Wife Lilia Same as item	HAYWARD		
18. MEDICAL CEI		ON			INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	ATH			0 0 400	ONSET AND DEATH
IMMEDIATE CAUSE (A)	o-my	clo-nenw	40-cencer	halily	12 days
ANTECEDENT CAUSE (S)	cute Bu	albar"			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			haray tea		
DISEASE OR CONDITION CAUSING DEATH	PERATION				
TOWN DATE OF OF ENAMEN.	ERATION				YES NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	farm, factoffice bldg.,	etc. 21c. WHERE	OID (City or town) R?	(Count	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OF INJURY M. At work at w	while	21F. HOW DID	INJURY OCCUR?		
22. I hereby certify that I attended the deceased from	Aug 1	9, 1955., to .A	ıg. 21., 19.55, t	hat I last	saw the deceased
alive on Aug 21 , 1955 , and that death occusion ATORF LANGE AT MC US N	urred at	6:50P M, from t	he causes and on		TE SIGNED /
H. I. PASSES LT MC USN U. S. Naval Ho	spitm.	D. NNMC Bet	nesda, Maryla	ty, town, or	Syr/32 county) (State)
Rurial transit 8-25-55 Mt. O	livet		Dwight, Il	linois	
DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE REGISTRAR  8 22 55  1 Aug 6. Jan	elly	B 557 Wiscon	rey Funeral Sin Avenue,	Home Bethesd	da, Md.

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VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	Reg. Dist.
MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH	No. 214
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Montary MARYLAND	STATE Med COUNTY World	7
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN  LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN	give nearest town)
HOSPITAL OR INSTITUTION OR GOT KOWING Rd	STREET (If rural, give location)	P
3. NAME OF (First) (Middle) DECEASED: (Type or Print)	(Last) 4. DATE (Month) (Day OF DEATH	
5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify):	TE OF BIRTH: 9. AGE last birthday: AF UNDER 1 Y	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	DR 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Eson & Ithuson	Lydin Brock	#2-9E-B7
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of service)	27. INFORMANT & ADDRESS:	and the
In DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a) Barbiturate po  DUE TO  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause  stating underlying cause last (c)	isoning (Suicide)	Formal Strains
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No No
21a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   OF street, office bldg., et INJURY	C.,	(State)
21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED While at Not while INJURY M.   Work □ at work □	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descr find that death resulted from: Natural causes □, Acc SIGNATURE	ident [], Suicide [], Homicide [], Undeten CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	mined cause DATE SIGNED
REMOVAL (Specify) 8-18-55 Oak Hill Ce	emetery LOCATION (City, town, or co	D. C.
DATE REG'D BY LOCAL REGISTRAR'S SIGNATURE REG. 9-15-55 REGISTRAR'S SIGNATURE	Deal Tuneral Home	ADDRESS
	4812 Leagia are MW	Hacke

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# MARYLAND STATE DEPARTMENT OF HEALTH\_RALTIMORE

7901				5/1
CERTIFICATE	OF D	EATH	Reg. Dist.	No. 2/6

07891

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY TO NO 4 omery MARYLAND	STATE Ilavy and county Work gomery
CITY (If outside corporate limits, write RURAL OR and give nearest them) (in this place)	
HOSPITAL OR INSTITUTION OR 74 STREET ADDRESS Subur Dan 40 Spital	STREET ADDRESS 408 Philade phia ave
3. NAME OF (First) DECEASED: (Type or Print)	(Last)  4. DATE (Month) (Day) (Year)  OF DEATH LUGUET 20 19 5 5
5. SEX: 6. COLOR OR 7. SINGLE MARRIED, RACE: WIDOWED, DIVORCED. 7 2	.3 75 79 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: /elson Hendricks	14. MOTHER'S MAIDEN NAME:
(Yes, no, or unk.) (If Yes, give war or dates of service)	Teddy Genetricky Och Ding
18. MEDICAL CERTIFIC. I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ATION SO CONSET AND DEATH
332 X IMMEDIATE CAUSE (A)	onchapueumoina Hday
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	postana 6 days
STATING UNDERLYING CAUSE LAST.	elsal Thromboris from 2 weeks
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Cerchal anternations hills
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATI	YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bld (IF EITHER, NOTIFY MEDICAL EXAMINER)	
OF INJURY  OF INJURY  OF INJURY  OCCURR  While Not while at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 2 alive on 1954, and that death occurred a SIGNATURE	at 9. 4. M, from the causes and on the date stated above.
Athle h. Ime ms	M. D. Roshitto Ind Styl JT ETERY OR CREMATORY LOCATION (City, town, or bunty (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR DADRESS 3
REGISTRAR 25,1955 Bessie M. Thombso	y sy

SECEIVED RA

Bethesda, Md

TE OF DEATH Reg. Dist. No.	216
2. USUAL RESIDENCE (HOME) OF DECEASED:	
STATE MARY AND COUNTY MONTO	MERY
AY CITY(If outside corporate limits, write RURAL and give r	
TOWN Bethesda	X
STREET (If rural give location)	1
5509 Roosevelt Stre	et
(Last)   4. DATE (Month) (Day)	(Year)
Hess DEATH: Qua. 29	1955
	NDER 24 HRS.
pt. 4, 1871 8 3 yrs. Months Days Ho	urs Min.
11. BIRTHPLACE (State or foreign country): 12. CITIZEN	OF WHAT
Mines Streator Illinois U	5.
Mary Dorothea Brown	
17 INFORMANT & ADDRESS.	seve II
EVA Hess with - Boxfordy	MI
CATION	AL BETWEEN
ONSET	AND DEATH
ongestive home to before	hom.
11.11.11	
dial infaction Old !!	dro.
	,
W scleresis adenuce be	ans
FION 20	
YES T	NO [7]
factory. 21c. WHERE DID (City or town) (County) dg., etc. INJURY OCCUR?	(State)
RED   21F. HOW DID INJURY OCCUR?	
1 444	
5 1955, to 8 19, 1955; that I last saw th	e deceased
at	above.
ADDRESS DATE SIGNI	ED
M. D. 9300 Euring Drive Butterla Hel.	8 31/17 (State)
Prince George Mar	
1 2 FUNERAL DIRECTOR ADDR	

và



MI A TENERAL

7903

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07893 Reg. Dist.

				•	
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 21

rrect	MEDICAL EXAMINER'S CER	CTIFICATE OF DEATH	No. 216
00 0	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
Y.	county Montgomery Maryland	STATE Maryland county Montg	omerv
ery item of information carefully. The correct causes of death clearly and legibly.	CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN Near Potomac-Rural (in this place)		give nearest town)
n care y and	HOSPITAL OR RINSTITUTION OR RFD # 3 Bethesda, Md.	STREET ADDRESS RFD #3 Bethesda M	d. /
matio clear!	3. NAME OF (First) (Middle) DECEASED: (Type or Print) HARRY LESTER	HILL 4. DATE (Month) (Day OF DEATH Aug. 10	19 5 5
infor	Male White Widowed Divorced 9-	20-1002 /2 yrs. 10	Ilours   Min.
em of	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer	Maryland	COUNTRY?
ery it	Theodore Hill	Julia Marsden	
Supply every item write the causes o	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Maude E. H RFD #3 Bethesda Md.	ill-wife
UNFADING INK. St Physicians: please w	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	CAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
LY, WITH important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes \( \text{No } \( \text{Q} \)
imp	21a. EXTERNAL CAUSE WAS PRIMARY  or CONTRIBUTING  OF street, office bldg., etc. CAUSE OF DEATH.	Co,	(State)
LAIN	21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED While at Not while injury M.   work   at work	21f. HOW DID INJURY OCCUR?	
WRITE PLAINLY age is especially im	22. I hereby certify that I took charge of the remains described that death resulted from: Natural causes , Acc. SIGNATURE  23. BURIAL CREMATION   DATE THEREOF   NAME OF CEMETE	ibed above, held an Autopsy ☐, Inspection ☐ ident ☐, Suicide ☐, Homicide ☐, Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.  CRY OR CREMATORY   LOCATION (City, town, or co	mined cause [].  DATE SIGNED
PLEASE	REMOVAL (Specify) 8-12-55 Parklaw DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	n Rockville, M	lontg. Md ADDRESS
P	8/10/55 Dessie M. Hompson	Token a fungurey se	thesda, Md

M MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

BUREAU V. S.

AUG IS 1955

BECEINED

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18()	78	94
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7351	CERTIFICATE	OF	DEATH
4.337	CHRITICATE	OT.	TATAL TIT

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MONTGOMERY MARYLAND	state Maryland county Montgomery
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)  ORTOWN ROCKVILLE	TOWN Rockville 26
HOSPITAL OR	STREET (If rural give location)
or street address 700 Grandin Avenue	ADDRESS 700 Grandin Avenue
DECEASED.	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) CHARLES G	OLLAND DEATH: Aug. 5 1955
Male White Specify Married Sept	9. AGE last birthday   If UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.   Min.
NOR WORK done during most of working life OR INDUSTRY	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Maryland U.S.
even If retired):Store Owner Hardware	
13. FATHER'S NAME: Thomas Holland	14. MOTHER'S MAIDEN NAME: Alice Linthicum
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: Florence Holland
(Yes, no, or unk.) (If Yes, give war or dates None	Wife, 700 Grandin Ave. Rockville, Md
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	any thrombosis shourd
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While M. Work at work	21F. HOW DID INJURY OCCUR?
alive on Language, 1955, and that death occurred at	6.30 AM, from the causes and on the date stated above.  ADDRESS  DATE SIGNED
23, BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY   LOCATION (City, town, or county) (State)
Burial 8-8-55 ROCKVILLE  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Union Rockville Md

BUREAU V. S.

VS.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07895

7904 CERTIFICATE OF DEATH

Reg. Dist. No. 5/6

1. PLACE OF DEATH:	1 2. USUAL RESIDENCE (HOME) OF DECEASED:
2	
COUNTY WONGO MARYLAND	STATE Maryland county Montgomery
CITY (If outside corporate imits, write RUDAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town)
X TOWN Yorktown VillageU	TOWN Yorktown Village
HOSPITAL OR	STREET (If rural give location)
STREET ADDRESS 5-104 anthony to	5104 Worthington Drive
DESCRIPTION	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) GEORGE SANFORD H	OLMES DEATH: Aug 21st 1955
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
(Specify): Nov.	27, 1883 71 yrs. 8 Nonths Days Hours Min.
RACE: WIDOWED, DIVORCED, NOV.  10A. USUAL OCCUPATION (Give kind of work opne during most of working life, even if retired):  OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):  12. CITIZEN OF WHAT
work done during most of working life, OR ANDUSTRY:	COUNTRY?
primary when	Pawtucket, Rhode Island USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
√ Frank Eugene Holmes	Jane Elizabeth Graham
15. WAS DECEASED EVER IN U.S. ARMED FORCEST   18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates None	1.010
140 of service)	wy
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	THE WELL BEINGER
420.0	ONSET AND DEATH
DUE TO	
ANTECEDENT CAUSE (8)	leanne to
DISEASES OR CONDITIONS, IF ANY. (B)	e o temperation 3 words
STATING UNDERLYING CAUSE LAST.	
(c) Urterios	desorpensation 3 who devot i they ever head some years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATIO	N 20 AUTOROVA
	20. AUTOPSY?
	1.25   NO []
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fac OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY While M. at work at work	
	of Que to St.
22. I hereby certify that I attended the deceased from	, 19 , to (engust 2) 19 , that I last saw the deceased
alive on ung 24, 19 5, and that death occurred at	M, from the causes and on the date stated above.
SIGNATURE	ADDRESS DATE SIGNED
231 helps	1. 0.3800 Reservon warn DC ang 21 17
	ERY OR CREMATORY   LOCATION (City, town, or county) (State)
Burial 8/24/1955 Parklawn	Rockville Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	
DATE REC D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS

DECEUVED V. S. AUGEN V. S.

### 7820 CERTIFICATE OF DEATH Reg. Dist. No. 22.3-

÷	1833	o or District Reg. Dist. 1	10.
ull Iy.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
information carefully.	COUNTY MONTGOMEYY MARYLAND	STATE DISTRICT OF CO MONNOY O.	
ca le	CITY (If outside corperate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and	give nearest town)
tion	OR and rive nearest town) (in this place)	TOWN WILL A LANGE TO ALL	17x_3
y a	HOSPITAL OR	STREET (1 + 21/11 tural give location)	1//
E E		ADDRESS A TOTAL TOTAL STORE INC.	1
nforma	75 STREET ADDRESS Washington San. & Hosp.	1474 Columbia P	d, nw.V
別着車	3. NAME OF (First) (Middle)  DECEASED: A 1	(Last) 4. DATE (Month) (Day	y) (Year)
7 00		DEATH (lug. 15	1955
item of de	PACE: WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday IF UNDER I YEAR	R IF UNDER 24 HRS.
	(0	0 170 84 yrs. Months Days	Hours Min.
NG every causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):   12. CI	TIZEN OF WHAT
ev ev	work done during most of working life, even it retired):	T	DUNTRY?
oly e c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	- 3. 17.
Supply te the c		10.11811	
K. Su write	15. WAS DECEASED EVER IN U.S. ARMED FORCER!   18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	1 1
X X X	(Yes, no, or unk.) (If Yes, give war or dates	11 +10 / Washington	Sanderwing
FOR INK.	of service)	Mospilal Micords · Jakona Tout.	Mayland.
wakgin RESERVED FOR BINDIN F, WITH UNFADING INK. Supply tant. Physicians: please write the a	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		NTERVAL BETWEEN
D N	331V	1 1 1/	NSET AND DEATH
AI AI	IMMEDIATE CAUSE (A) Oliver	tras Nemorrhage	Due hour
KESEKVED UNFADING sicians: ples	ANTECEDENT CAUSE (S)		
IN KESE TH UNFA Physicians	DISEASES OR CONDITIONS, IF ANY, (B) Urle	iosclerosis	Heard
Z H Z	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		1000
WITH ot. Phy	(C)		
AINDY, W.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
知光出	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
Zd	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N .	20. AUTOPSY?
in in			YES NO TO
PLAINDY, lly importa	A CONTRACT WAS INVESTED VINCE TO A CONTRACT OF A CONTRACT		
WRITE PI especially	21A. ACCIDENT WAS UNDERLYING \( \bigcirc \) 21B. PLACE (Home, farm, factor of the contribution of the cont	tory, etc. 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?	(State)
	OF INJURY  OF INJURY  M. 21E INJURY OCCURRED While Not while at work at work at work	21F. HOW DID INJURY OCCUR?	
OR OR	22. I hereby certify that I attended the deceased from dueg	10, 1955, to aug 15, 1955, that I last sa	our the deceased
0.	alive on leg 15, 1955, and that death occurred at	ADDRESS DATE	ated above.
TYPE rect ag	SIGNATURE	Tale Poly Tul O	ZINED Z
SE TYI		ERY OR CREMATORY   LOCATION (City, town, or co	ounty) (State)
	REMOVAL (SPECIFY)	TAIN I	1
PLEA	aurun mig 10-1950 hack Or	acci Dam. Marmington	0.0.
a	DATE REC'D BY LOCAL MEGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS Wask
	mb-16-16)	MEN'4- Homes CO YAO! 1617	-N.W. D. C.

BUREAU V. S.
BUREAU V. S.

OR WRITE PLAINLY, WITH UNFADING INK.

PLEASE TYPE

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0789

7995 CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	):
county Montgomery Maryland	stateFlorida county	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	and give nearest town)
OR snd give nearest town) (in this place)	OR TOWNHieleah // 8	7 4 2
HOSPITAL OR	STREET (If rural give location)	N-V
5/ INSTITUTION OR U. S. Naval Hospital	ADDRESS 1010 West 1st Avenue	
3. NAME OF (First) (Middle) DECEASED:	0=	Day) (Year)
(Type or Print) Mamle Sharpe HUFF	DEATH: August	26 1955
6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED. (Specify): Married 8-4-26	9. AGE last birthday Months D	eas Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	South Carolina U.	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Jake L. SHARPE	Rosalie HUFFMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service)  Unknown	17. INFORMANT & ADDRESS: Husband Lawrence N. HUFF Same as above	
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	atec Carcinoma na of Cervix	nov 34
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	YES NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fac OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, etc. INJURY OCCUR?	ty) (State)
OF INJURY  OF INJURY	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April alive in Aug 26, 1955, and that death occurred at significant P. P. MC BRIDE LT MC USN U. S. Naval Hospin	10:40AM, from the causes and on the date	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (City, town, or	
Burial 8-30-55 Elemwood Cem		ADDRESS
REGISTRAR	R. A. Fumphrey Funeral Home	1/3

BUREAU V. S.

AUG 30 1955

BECEINED

VS. A15

MARYLAND	STATE	DEPARTMENT	$\mathbf{OF}$	HEALTH-BALTIMORE,	18

7936 CERTIFICATE OF DEATH

Reg. Dist. 7898/2

I. PLACE OF DEATH:	2. US	UAL RESIDENCE (	HOME) OF DECEAS	SED:
COUNTY Montgomery MARYL	AND ST	ATE Marylan	4	COUNTY Mante
CITY (If outside corporate limits, write RURAL LENGTH OR and give nearest town)	OF STAY CI	Y (If outside corpo	rate limits, write RU	(RAL and give nearest town)
X TOWN Beallsville Rural 50y	TO	WN	lleville	X
HOSPITAL OR	ST	REET	(If rural give	ocation)
INSTITUTION OR STREET ADDRESS	AD	DRESS		
3. NAME OF (First) (Middle)	(Last)	4. D.	D3	(Day) (Year)
(Type or Print) filliam Peerce Hunter		D	EATH: OLLOW	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIR	TI1: 9. AGE	Mon	ths Days Hours Min.
Male Thite (Specific Fried	Nov-22-1877	7	yrs.	
10a. USUAL OCCUPATION Give kind of work done during most of working life. INDUSTRY:	SINESS OR   11. 1	SIRTHPLACE (State	or foreign country)	: 12. CITIZEN OF WHAT COUNTRY?
even if retired):	Me	han free		
even if retired form owner  13. FATHER'S NAME:	14. MO	TYPENO THER'S MAIDEN N	AME:	U.S.
	-			
Thomas Hunter  15 Was Deceased Ever In U.S.Armed Forces?   16. Social Securit	v No.:   17, INFOR	ANT & ADDRESS		
(Yes, no, or unk.) (If Yes, give war or dates of service)				
None	John I	lunter, Beall	svålle, Md	
18. MEDICAL CE				Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	EATH			Onset And Death
Immediate cause (a)	ronos	w or	Musin	10 manute
Immediate cause (a)		0		
Antecedent causes (s)	7	1000	de a Tole	2 - 400 mg
Diseases or conditions, if any, giving rise to the above cause that it is to the above cause that the conditions cause less than the conditions that the conditions th			mind direct at a filtra-	0
stating the underlying cause last. DUE TO	-			10-40-00
(c) (C)	- Alexa	, ALCA	2010	7-4
11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OP	ERATION			20. AUTOPSY ?
nime				Yes No No
2I. ACCIDENT (Specify) PLACE (Home, farm, fac SUICIDE OF office bldg., etc.)		ITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURE		DID INJURY OCC	UR?	
	While Work			
22. I hereby certify that I attended the deceased from		Wto OUA	6 10 55 that	I last saw the deceased
alive on	red at	Appress	causes and on the	date stated above.
	0.0		-1	171655
23. BUDAL CREMATION, CATE THEREOF   NAME OF	F CEMETERY OR	CREMATORY SOL	PATION (City, tow	n, or county) (State)
REMOVAL (Specify)				0.37
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FU	NERAL DIRECTOR	elleville,M	d - ADDRESS
aug. 18 1955 Charles W. Colgin	las'	00	7 11:00-	
per of	100,	William!	o money	1000
00.			Barn	UM, selmos

andmon borney swill in

The state of the s

TARNS WINT DOLLJAN

Thomas Hunter

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dorn Houtest Party as there are to

BUREAU V. S.

9961 61 50A

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7939

The

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:		
A LENGE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MANT COMERY MARYLAND	STATE D. C. COUNTY	
COUNTY Montgomery MARYLAND  CITY (If outside corporate lim/ts, write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL and give ner	rest town)
// TOWN -T	TOWN Masterial	171 2
HOSPITAL OR	STREET (If rural give location)	12
	ADDRESS	- 1
15 STREET ADDRESS Washington Santarium ud Hosp.	3100 Connecticut Ave., N.W.	
3. NAME OF (First) (Middle) (DECEASED:	(Last) 4. DATE (Month) (Day)	Year)
(Type or Print) Nischa Emma I		955
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER I YEAR IF UND	
Female White (Specify): Married April	7 1901 54 yrs. Months Days Hour	Mln.
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS )	11. BIRTHPLACE (State or foreign country):  12. CITIZEN	OF WHAT
work done during most of working life, OR INDUSTRY:	COUNTRY	
even if retired): Housewife	Germany America	a - U.S.
	AA	
Erik Otzen	Margaret Rickman	
S. WAS DECEASED EVER IN U.S. ARMED FORCES!   16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
(12s, no, or unk.) (11 1es, give war or dates)	Records + Charts- Wash. Son and Hos	Ρ.
18. MEDICAL CERTIFICATE		BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET A	ND DEATH
157X	DE ALL HITTER	
IMMEDIATE CAUSE (A) CARCINOMA	of Tancian with metersony 10	mo
ANTECEDENT CAUSE (\$)	U	
DISEASES OR CONDITIONS, IF ANY, (B)		
STATING UNDERLYING CAUSE LAST. DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		
		TORCY2
act 14 1954 There for a low weeks with	4	NO [
	bile duct obstruction YES [	ио 🗌
21A. ACCIDENT WAS UNDERLYING 1 21B. PLACE (Home, farm, fact	bile duct obstruction YES (County)	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	bile duct abstruction YES V  ORY, 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?	ио 🗌
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While   Not while	bile duct abstruction YES V  OPY, 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?	ио 🗌
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING AUSE OF DEATH OF INJURY street, office bldg., IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	bile duct abstruction YES V  OPY, 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?	ио 🗌
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING 21B. PLACE (Home, farm, factor Contri	bile due ibstruction  Ory, 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?  21f. HOW DID INJURY OCCUR?	NO (State)
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While   Not while   at work   at work   22. I hereby certify, that I attended the deceased from	by duct obstruction  OFF. 21c. WHERE DID (City or town) (County)  etc. INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  6, 1954, to duf. 18, 1955, that I last saw the	(State)
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factor CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While   Not while at work   at work   22. I hereby certify that I attended the deceased from alive on   73, 1955, and that death occurred at	by dust ebstruction  OFY. 21c. WHERE DID (City or town) (County)  etc. INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  6, 1957, to dust. 18, 1955, that I last saw the	(State)  deceased ove.
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact or CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While   Not while   at work   at work   at work   22. I hereby certify, that I attended the deceased from   22.	by duct obstruction  OFF. 21c. WHERE DID (City or town) (County)  etc. INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  6, 1954, to duf. 18, 1955, that I last saw the	(State)  deceased ove.
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While   Not while at work   at work   22. I hereby certify that I attended the deceased from signature   73, 1955, and that death occurred at SIGNATURE   Workell   1956   Workell   1956	by dust sobruction  Ory. 21c. WHERE DID (City or town) (County)  etc. INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  6, 1977, to dust. 18, 1955, that I last saw the ADDRESS  D.1776 See St. N.W.  8/18/18/18/18	(State)  deceased ove.
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While   Not while at work   at work   22. I hereby certify that I attended the deceased from signature   73, 1955, and that death occurred at SIGNATURE   Warfield   M.	by dust ebstruction  OFY. 21c. WHERE DID (City or town) (County)  etc. INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  6, 1957, to dust. 18, 1955, that I last saw the	(State)  deceased ove.
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factor Contributing   Cause of Death Of Injury street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While   Not while   at work   at work   at work   at work   at work   alive on   75, 1955, and that death occurred at SIGNATURE   Was at work   M.	by dust sobruction  Ory. 21c. WHERE DID (City or town) (County)  etc. INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  6, 1977, to dust. 18, 1955, that I last saw the ADDRESS  D.1776 See St. N.W.  8/18/18/18/18	(State)  deceased ove.
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While   Not while   at work   at work   at work   at work   at work   alive on   75, 1955, and that death occurred at SIGNATURE   M.  23 FURIAL, CREMATION, DAJE THEREOF   NAME OF CEMETE	by dust sobruction  Ory. 21c. WHERE DID (City or town) (County)  etc. INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  6, 1977, to dust. 18, 1955, that I last saw the ADDRESS  D.1776 See St. N.W.  8/18/18/18/18	(State)  deceased ove.
21A. ACCIDENT WAS UNDERLYING   21B. MACE (Home, farm, fact or CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While   Not while at work   at work   at work   22. I hereby certify that I attended the deceased from alive on   7.5 , 1955, and that death occurred at SIGNATURE   Warfell   M.  23 FURIAL CREMATION   DATE THEREOF   NAME OF CEMETE REMOVAL (SPECIFY)   May 1 / 100 FT   May 1 / 1	by dust obstruction  OFF. 21c. WHERE DID (City or town) (County)  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  6, 1957, to dust, 18, 1955, that I last saw the above and on the date stated ab ADDRESS  D.1776 Eye St. M.W.  ERY OR CREMATORY LOGATION (City, town, or county)  The Bern.  18 18 555	(State)  deceased ove.

BUREAU V. E

SECEINED SECEINED

# CERTIFICATE OF DEATH

214 Reg. Dist. No.

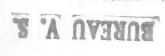
I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	v
Maryland Co Maryland	160-	
CITY (If our ide corporate limits, write RURAL and LENGTH OF STAY OR give thest town) (in this place)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
X TOWN / Treat - Selece, Journ 3 days	TOWN Bulffer 48	X - 3
HOSPITAL OR O O O O	STREET (If rural, give location)	1
70 STREET ADDRESS Class Cioff Sanatarus	2808 Clerian St	V
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Jarah Elizabeth	LACKSON DEATH 8	3 1963
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under Months.	
Lemule While (Specify) Married	8-13-18/51 /9 yrs. 19	20
done during most of working life, even if retired) INDUSTRY		2. CITIZEN OF WHAT COUNTRY?
Hause wife Home	ENG/AND	0.3.14
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? VA6. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown)   (If year, give war or dates of	II. INFORMANT AND ADDRESS	Tt & CN . se
non service) Time, home	itemmen in jamento	in Lewonger
IS. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
J. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	ONSET AND DEATE
Immediate cause (a) My Carol	ill	
	scular relevosis	
Antecedent cause(s)	with a constant	
Diseases or conditions, if any, (b) Venully		
giving rise to the above cause stating the underlying cause last	2/12	
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At pork		
July.	21. data . O. 10 3 . 155-	
22. I hereby certify that I attended the deceased from	3.1, 1953, to 10, 10, 15, 15 that I last :	saw the deceased
alive on Que 2, 1966, and that death occurred at		
	5'30 Pm. from the causes and on the date s	tated above.
SIGNATURE (Degree or title)	ADDRESS and on the date st	tated above.
SIGNATURE (Degree or title) M. D.	Cedu Crolo Lasa 117	TATE SIGNED
SIGNATURE  23. BURIAL, CREMATION   PATE   NAME/OF CEMETE	RY OR CREMATORY LOCATION (City, town, or coun	TATE SIGNED
23. BURIAL, CREMATION DATE REMOVAL, (Snelfy)  25. NAME/OF CEMETE REMOVAL	RY OR CREMATORY LOCATION (City, town, or counternal Lagrentice, The	(State)
SIGNATURE  23. BURIAL, CREMATION DATE  REMOVAL (Specify)  PATE  REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or coun	(State)

2561 8 DUA

BUREAU V.

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	D'a
10 - 53	TYPE
A15-	PLEASE
S.	Б

	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Anne	Arundel
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)		
X TOWN Bethesda 2 days	TOWN Bristol, Maryland	024-2
HOSPITAL OR The Clinical Center Natl. Institutes of Health	STREET (If rural give location) ADDRESS NONe	1
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (	Day) (Year)
(Type or Print) Wanda Viola Jai		28 19 55
RACE: WIDOWED, DIVORCED,	E OF BIRTH: 9. AGE last birthday IF UNDER 1	PEAR IF UNDER 24 HRS. Days Hours   Min.
Female White (Specify): Married April	. 23, 1916 39 yrs.	
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Houseuffe	11. BIRTHPLACE (State or foreign country):   12.	CITIZEN OF WHAT
MOGDEWALC .		JSA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John Schell	Albina Stoebner	
(Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
No of service) None	The medical record, The Clinic	cal Center
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE  DUE TO  Choriocarci:	noma, metastatic to brain	
STATING UNDERLYING CAUSE LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	per table	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
February, 1955   Choriocarcinoma by biops	y of vaginal lesion	YES X NO
o o o o o o o o o o o o o o o o o o o		(0)
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of the property of	injury occur?	(State)
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)  21B. PLACE (Home, farm, factor Control of Injury street, office bldg. 21B. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE		(State)
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING 2 CAUSE OF DEATH 21B. PLACE (Home, farm, factor Contribution 2 CAUSE OF DEATH 21B. PLACE (Home, farm, factor Contribution 2 CAUSE CONTRIBUTION 2 CAUSE CONTRIBUTION 2 CAUSE C		(State)
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor Contributing Cause of Death (IF Either, Notify Medical Examiner)  21B. PLACE (Home, farm, factor Contribution of Injury street, office bldg.  21B. PLACE (Home, farm, factor Contribution of Injury of Injury of Injury Occurre While Not while	D 21F. HOW DID INJURY OCCUR?	
21a. ACCIDENT WAS UNDERLYING   CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)  21b. TIME (Month) (Day) (Year) (Hour)   21e INJURY OCCURRE While at work   work   22. I hereby certify that I attended the deceased from all alive on aug. 28, 1955, and that death occurred at	26, 1955, to Aug. 28, 1955, that I last	saw the deceased
21a. ACCIDENT WAS UNDERLYING   CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)  21b. TIME (Month) (Day) (Year) (Hour)   21e INJURY OCCURRE While at work   work   22. I hereby certify that I attended the deceased from all alive on aug. 28, 1955, and that death occurred at	26, 1955, to Aug. 28, 1955, that I last	saw the deceased
21a. ACCIDENT WAS UNDERLYING   CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)  21b. TIME (Month) (Day) (Year) (Hour)   21e INJURY OCCURRE While at work   work   22. I hereby certify that I attended the deceased from all alive on aug. 28, 1955, and that death occurred at	26, 1955, to Aug. 28, 1955, that I last	saw the deceased
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factor Contributing   Cause of Death of Injury street, office bldg. (If EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRE While at work   22. I hereby certify that I attended the deceased from aug. 28, 1955, and that death occurred at SIGNATURE  23. BURIAL CREMATION, DATE THEREOF   NAME OF CEMET	26, 1955, to Aug. 28, 1955, that I last	saw the deceased



COLLEGE CONTENTS

SEP 6 1955

BECEINED

7939

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

07902 Reg. Dist. No..

1. PLACE OF DEATH			2. USUAL RESIDENCE (		COUNTY
Mont	gomery	MARYLAND	Montgome		Md.
OR give negrest	orporate limits, write RUR	AL and   LENGTH OF STAY (in this piace)	II UB		L and give nearest town)
Y TOWN Fores	t Glen, Md.	(III State praco)	TOWN Cabin Je		X
HOSPITAL OR INSTITUTION OF STREET ADDRESS	SS S		STREET ADDRESS 7807	(If rural, give to Tomlinson Ave	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Mo	onth) (Day) (Year)
(Type or Print)	Henry	B. John	nson	DEATH Augu	ast 2 1955
6. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birtbday	If under I year   If under 24 hrs.
Male	White	WIDOWED, DIYORCED, (Specify) Widowad	June 19,1875	80 ym.	Months Days Hours Min.
done during most of w	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTEY?
Retired 13. FATHER'S NAM	E	Real Estate Broke	Ya. 114. MOTHER'S MAIDEN	INAME	
Col.V.M.Jo					
	ER IN U.S. ARMED FORCES	17   16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS Tusca	
(Yes, no, or unknown)	(If yes, give war or dates service)	of	Alfred L.Johns		arawas Rd.
	10.11110)	18. MEDICAL CE		ilen Echo	Hts.Md.
I DISPASES OF CO	NDITIONS DIRECTLY		. 1	A	INTERVAL BETWEEN
157	Y	LAKOING TO DEATH	The ,	. '/	ONGET AND DEATH
Immediate	е саняе (а)	macea	leogeno	enceon	OTWEEK
		1) 4	,1 1	7 10	4 1
Anteceden	onditions, if any. (b)	acciron	a Klad	- of Jane	ula.
giving rise to	the above cause	. 4	9 A	2	- 1
scatting the m	nderlying cause iast	und	nelan	Bais'	9.4.1nx
II. OTHER SIGNIFIC					1110
Conditions contributed to the disease	ting to the death but not se or condition causing deat			2	
S EL OP OPE	RATION 195. MAJOR	FINDINGS OF OPERATION	lead of Ja	never	Yes   No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	GE (Home, farm, factory, street, office bidg., etc.)	UCITY OR	rown) (C	OUNTY) (STATE)
TIME (Month)	(Day) (Year) (Hour)	I INJURY OCCURRED	HOW DID INJURY OC	CUR?	
OF INJURY	m.	While at Not While Work At work	THE BUT THE OUT		
INJUNI	£13.6	WORK AL WORK	1000		
22. I hereby certi	fy that I attended th	e deceased from	1930 to live	19 that	I last saw the deceased
10		.0	~2		A
alive on	19 19 an	d that death occurred at/	ADDRESS from the	causes and on the	date stated above.
old Mild	Manle.	The state of the s	333	Za Cotera	DATE SIGNED
(VV)	ucu	Outlitt,	Chery C	Karo II	Ind of
23. BURIAL, OCCEND REMOVAL (Spec	DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, toyn	, or county) (State)
KEMUVAL (Speci	August 5	1955 Arlington N	at Cemetery	Arlington, Va	
DATE REC'D BY I		SIGNATURE	24. FUNERAL DIRECTO	)R	ADDRESS
REG. 5/5	5 Tran	us votter	Chung Chan.	Tom Home	5103 Wis., Aye., N.V

M

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information careful is especially important. Physicians: please write the causes of death clearly and legibli MARGIN RESERVED FOR BINDING

SECEDAED STATE

BUREAU V. S.

5 ,.

#### CERTIFICATE OF DEATH

bly	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
legibly	county Montgomery MARYLAND	STATE Maryland county Montgomery
and le	CITY (If outside corporate limits, write RURAL OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
clearly	HOSPITAL OR INSTITUTION OR BOSWELL Nursing Home	STREET (If rural give location) ADDRESS N. Frederick Avenue
		(Last) 4. DATE (Month) (Day) (Year)
death	DECEASED: (Type or Print) Mary A. Jo	ohnson OF DEATH: Quy. 20 1955
of	Female   6. COLOR OR   7. SINGLE, MARRIED,   B. DATE   WIDOWED, DIVORCED.   May 4,	1886  9. AGE last birthday  Months Days Hours Min.
causes	work done during most of working life.  even if retired) Housewife  10a. USUAL OCCUPATION (Give kind of 10s. KIND OF BUSINESS OR INDUSTRY:  Own home	New York City, N.Y. 12. CITIZEN OF WHAT COUNTRY?
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
4	Daniel Adams	Mary V. Caloway
write	(Yes, no, or unk.) (If Yes, kive war or dates of service)	17. INFORMANT & ADDRESS: Records at Boswell Nursing Home
please	18. MEDICAL CERTIFICATI	ion Silver Spring, Maryland
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
**	170 X IMMEDIATE CAUSE (A)	and il disse 1 . B
lan	ANTECEDENT CAUSE (S)	
sic	DISEASES OR CONDITIONS, IF ANY. (B)	Dely Consider of 2
Physicians	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	- luge and then
	(C) Carcin	me of let tweet (me
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
por	DISEASE OR CONDITION CAUSING DEATH	Land active change your
	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
a)	22. I hereby certify that I attended the deceased from C.	30, 1955, to 7-28, 1955 that I last saw the deceased
ect ag		M, from the causes and on the date stated above.
orrect		D. 8-20-55
· ·	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (SPECIPY) 8/20/55	Alle Com. Washington, D. C.
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24. FUNERAL DIRECTOR ADDRESS

TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

The

VS. A15.

PLEASE

SECELVED ANG 24 1955

BUREAU V. S.

VS. A15 -- 10 - 53

REGISTRAR

BINDING

FOR

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8361 11 **9NY** DECENAED

BUREAU V. S.

SIGNATURE

REGISTRAR'S

FUNERAL ALRESTO

ADDRESS

DATE REC'D

REGISTRAR

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LOCAL

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BUREAU V. S.

VS. A15 - 10 - 53

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	07906
the o						

MARYLAND	STATE	DEPARTMENT	OF.	HEALTH—BALTIMU
7913	CEF	RTIFICATE	OF	DEATH

	-	 -	40	4	
	Dist.				
Keg.	Dist.	 N O			

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	,
COUNTY MONTGOMERY MARYLAND	STATE Maryan OCOUNTY MON?	go Mery
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY		
Y TOWN Bathes da (in this place)	OR Rethords	V
HOSPITAL OR	STREET (If rural give location)	11
MISTITUTION OR Suburban	ADDRESS 6311 Stratford	Road
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day	y) (Year)
DECEASED: (Type or Print) Lucy Belle So	hes DEATH: Aug. 2	1953
5. SEX: 6. COLOR OR V. SINGLE, MARRIED. 8. DATE		
74male white Specify Martied Sept.	19 1882 72 yrs. Months Day	Hours Min.
IOA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS		TIZEN OF WHAT
work done during most of working life, even if retired):	1/1,40:10:0	DUNTRY
13. FATHER'S NAME:	Virginia 7	2. 5. 14
13. PATRER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Marrae W. DOWR	Mary Davis	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17, INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates  no n	nomas to la port	in Chase ).
18. MEDICAL CERTIFICA	TION	NTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		NEET AND DEATH
153 X		
IMMEDIATE CAUSE (A)	amay as coller.	
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY. (B)		
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	ON .	20. AUTOPSY?
		YES NO P
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac	ectory, 21c. WHERE DID (City or town) (County)	(State)
OR CONTRIBUTING CAUSE OF DEATH  OF INJURY street, office bldg.	., etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while	21F. HOW DID INJURY OCCUR?	
OF INJURY  M. at work at work		
22. I hereby certify that I attended the deceased from	19, 1957, to Ong 2, 19 55 that I last s	aw the deceased
alive on 19.5, and that death occurred a	6./ PM, from the causes and on the date sta	sted above.
SIGNATURE ()		7. 9/9 W
	M. D. STO DE LOCATION (City, town, or ex	ounty) (State)
DEMOVAL (appeller)		0 /
Burial 8-5-55 Rock Cre	eek Cemetery   Washington	D.C.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRARY 14/55 Bessie M. Hombeson	Mobert a, Humphrey Bethe	sda Md.

SECEINED

BUREAU V. S.

7.4

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07907

7849 CERTIFICATE OF DEATH

Reg. Dist. No. 213-

ha I	2. OSOAL RESIDENCE (HOME) OF DECEASE	J
COUNTY / ontgomery MARYLAND	STATE COUNTY	4/X-0
OR and give nearest town TOWN and Town for STAY (in this place)	OR TOWN District of Colu	1.
HOSPITAL OR INSTITUTION OR STREET ADDRESS / Lington Janitarium & Rospital	STREET (If rural give location)  4000 Cathedral Av	re.
3. NAME OF (First) (Middle) (1) DECEASED: (Type or Print) da Grace (4/1)	Last) 4. DATE (Month) ( OF DEATH:	Day) (Year)
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED. (Specify) Married 8. DATE		YEAR IF UNDER 24 HRS. Days Hours Min.
work done during most of working life, even if retired):    OA. USUAL OCCUPATION (Give kind of working life, or industry:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
13. FATHER'S NAME: Lewish Cochran	14. MOTHER'S MAIDEN NAME: UNKnown - Rluth	
15. Was Deceased Ever In U.S. Armed Forces: (Yes, no, or unk.) (If Yes, give war or dates of service)	Washington Sanitarium & Hosp	nital Records
18. MEDICAL CERTIFICATI  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  443×		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE  (A)  DUE TO	Newspaper	
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B)	e Cardiovascular Diséase	10 413
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (Coun etc. INJURY OCCUR?	ty) (State)
21b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from M. 9. 8 alive on Aug. 23, 1957, and that death occurred at 3 SIGNATURE  James W. Whitlook  M.	M, from the causes and on the date	
	RY OR CREMATORY   LOCATION (City, town, or Seogn	ADDRESS 411

BUREAU V. &

AUG 25 1955

DECENTED ED

- / 1	4)	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18	07908				
4	r. The	7914 CERTIFICATE OF DEATH Reg. Dist.	No. 214				
4	ully.	1. PLACE OF DEATH:   2. USUAL RESIDENCE (HOME) OF DECEASED	:				
K	carefully legibly.	COUNTY Montgomery MARYLAND STATE Maryland COUNTY Mon CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) OR	tgomer 9 nd give nearest town)				
750	tion	HOSPITAL OR  HOSPITAL OR	56				
1	information clearly and	HOSPITAL OR INSTITUTION OR 1404 Hoffett Road  STREET (If rural give location) ADDRESS 1404 Moffett Road	/				
1		OF Charles Ray Kane OF DEATH: Aug.	24 1933				
0	ite	5. SEX: 6. COLOR OR 7. SINGLE, MARRIÉD, WIDOWED, DIVORCED, Grecify: Widow et July 21, 1883 72 yrs. Months Da	Hours Min.				
9 N	y every causes	work done during most of working life.  even if retired: Boiler Maker Railroad  Ohio	CITIZEN OF WHAT				
BINDING	Supply ite the c	13. FATHER'S NAME: David Kane  14. MOTHER'S MAIDEN NAME: Minnie Mowery	2011/2/3				
BI		15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: Wilbur 14					
FOR	-	Ach I continue I I la la Mattet Kood Silver De					
RESERVED	ADING IN s: please	18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH				
SEI	UNFA	527 MMEDIATE CAUSE (A) Acute Lett Ventricular Heart Failure Due to	3 days -				
		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO  CENTRAL PROPERTY OF THE ABOVE CAUSE LAST.  DUE TO	15-years-				
RG	H	(c)					
MARGIN	20 ~	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  Arteriosclerosis	_				
	AIN	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
	WRITE PLAINLY especially import	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?					
	WRIT	OF INJURY OCCUR?    1					
	OR e is	22. I hereby certify that I attended the deceased from July 13, 1955, to \$409.24, 1955, that I last	saw the deceased				
23	PE ag	alive on Aug. 24, 1955, and that death occurred at 10:50 PM, from the causes and on the date s					
- 10	SE TY		1. Aug. 24,1955				
A15-	PLEASE	23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or Fairview Cemetery Altoona, Pa E	county) (State) Blair Cty				
VS.	PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIBECTOR PASY REGISTRARS/26/55 (Spances Sottler Corner Education Letter Letter Letter)	Derigie me				
			ma o				

SECEIVED

BUREAU V. &

Bethesda, Md

VS. A15

BUREAU V. S.

BULLO & SERVICE

2361 88 **20A** 

BECEINEL

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH-	nt como me		2. USUAL RESIDENCE (I		Y
	ntgomery porate limits, write RUR.	MARYLAND AL and   LENGTH OF STAY		Ivania	
56 OR give nearest to	own)	(in this place)	II OR	ate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR	r Spring		TOWN Archba		X 2
INSTITUTION OR STREET ADDRESS	1601 Dennis	Avenue	ADDRESS	(If rural, give location) Salem Street	
3. NAME OF DECEASED (Type or Print)	(First) Kathryn Agne	(Middle) es Kilganı	(Last) non	4. DATE (Month) OF Aug. 3,	(Day) (Year) 1955
5. SEX Female	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wildowed	8. DATE OF BIRTH 1/9/76	9. AGE last birthday If under Months	
done during most of wor HOUSEWI	FION (Give kind of work king life, even if retired) IC- retired	10b. KIND OF BUSINESS OR INDUSTRY	Elk Lake, Wayn		COUNTAY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
Hugh Brad	У		Ellen Coggin	S	
(Yes, no, or unknown)   (	R IN U.S. ARMED FORCES If yes, give war or dates of ervice)		Mrs. Mary E Pe	ADDRESS rzella, 1601 Denr	nis Ave.
		18. MEDICAL CE	ERTIFICATION	Silver Spring,	Wd.
I. DISEASES OR CON	DITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
. 1 1V		0	D. 1		0 1 1 0 4
154 Immediate	cause (a)	Cancer ).	Rectum	**** **********************************	2 years
Antecedent	cause(s)	8			0
Diseases or con	aditions, if any, (b)		07-00* ····		
	he above cause lerlying cause last				
	(c)				
	ANT CONDITIONS ng to the death but not or condition causing deat	h. Genera	eized art	eno Elevosa	years
19a. DATE OF OPER	TION 19b. MAJOR I	FINDINGS OF OPERATION	Re tou		20. AUTOPSY?
21. ACCIDENT SUICIDE	(Specify) PLAC	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR 1	COUNTY)	(STATE)
HOMICIDE	INJU	IRY			
OF INJURY	Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR7	
22. I hereby certify	that I attended the	e deceased from 1/2.	195C to 8/3	19 5 (that I last a	aw the deceased
0	_				
alive on	\$, 19.5\$, an	d that death occurred at (Degree or title)	.O.L. ph., from the	causes and on the date st	ated above.
SIGNATURE	0	Me D 113	ADDITIONS OF	. 6 . 1 0 0	DATE SIGNED
Yorkin	x uni		o longu	my sheet	Man Bel
Transmoval Built	10N DATE THERE	Calvary Ceme		Mayfield. Pa.	(State)
DATE REC'D BY LO	OCAL REGISTRAR'S		24. FUNERAL DIRECTO		Ave.

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

M carrect

VS. A15

PLEASE WRIT

BUREAU V. S.

SECEIVED 8 1955

# MARYLAND STATE DEPARTMENT OF HEALTH

7916

2411 N. Charles Street, Baltimere

# CERTIFICATE OF DEATH

Reg. Dist. No. 214

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
MARYLAND		
CITY (If outside corporate limits, write RURAL and CITY (In this place) OR give nearest town) TOWN (in this place)	CITY (If outside corporate limits, write RURAL and giv OR TOWN	e nearest town)
HOSPITAL OR	STREET (If rura give location)	7/1
O INSTITUTION OR Muyle fane nursing	ADDRESS 6412 La Que	new 1
3. NAME OF (First) (Middle) DECEASED (Type of Print) DECEASED  (Widdle)  WHITE	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	S./DATE OF BIRTH   9. AGE last birthday   If woder	25 193
Temple WIDOWED DIVORCED, (Specify)	Jan 2 1870 84 yrs. Months	Days   If under 24 hrs. Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business on Industry.		COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	207
Lewis White	Susan Yount	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS /4/0	Locus B
(Yes, no, or unknown)   (If yes, give war or dates of service)	Henro W Klopler wa	e DC
18. MEDICAL CE	RTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
332 × COAD TO STREET BEADING TO BEAT 1	1.	UNBET AND DEATE
Immediate cause (a) Clebral	Orrowbosu	12 days
Immediate cause	Carte Control of the	
Antecedent cause(s)		
Diseases or conditions, if any, (b)		+0 ml to ml ++++ 0++++++++++++++++++++++++++++++
stating the underlying cause last	Relevous	260
(c) ceretral	acceronce	13 gr
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(CITTOR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR!	
OF INJURY  m. While at Not While Work At work		
22. I hereby certify that I attended the deceased from \$\int 1/3.	, 1955, to 8/25, 1955, that I last a	w the decessed
	· · · · · · · · · · · · · · · · · · ·	
alive on	ADDRESS , from the causes and on the date st	ated above. DATE SIGNED
Doslowstore 4x	2234 Zulve h Wald	C 8/25,0
23 BURIAL CREMATION DATE THEREOF NAME OF CEMET	RY OR CREMATORY LOCATION (City town, or count	y) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24/ FUNERAL DIRECTOR	ADDDROG
REG. 8/26/55	1)00 0 Fee - 0 Hans 48.	ADDRISS Cue
- Comment of the control of the cont		1

The correct M PLAINLY, WITH UNFADING INK. Supply every item of information careful, is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

S. Alb.
PLEASE WRITE

BUREAU V. S.

2361 8S **20A** 

BECEINED

## MARYLAND STATE DEPARTMENT OF HEALTH

7917

2411 N. Charles Street, Baltlmore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RE	SIDENCE (HOME) OF DECI	EASED.
MARYLAN MARYLAN	ND O	1110	COUNTY MORITE
CITY (If outside corporate limits, write RURAL and LENGTH O	place) OR	utside corporate limits, write R	r A
TOWN TOWN TO THE SPRING TOWN THE TOWN T	TOWN	INVER OPRIN	ive location)
INSTITUTION OR 502 GREENBRIER DR	ADDRESS	502 GREENB	RIER DR.
3. NAME OF (Kirst) (Middle)	- L (Last)	4. DATE	(Month) (Day) (Year)
(Type or Print) Elia Mangane	et rock	DEATH (	lug. 15, 1933
6. COLOR OR RACE 7. SINGLE, MAPRI WIDOWED PIVO (Specify) 1770	RCED S. PATE OF	BIRTH 9. AGE last hirth	day If under i year If under 24 hrs. Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSIN	NESS OR   IL BARTHPL	ACE (State or foreign country)	12. CITIZEN OF WHAT
done during most of working life even if retired) Inwayy 1 10 M	E 154415B	URY CONX.	Couperator 4
13. FATHER'S NAME	14. MOTHER	'S MAIDEN NAME	
VINDREW /SEVILLE	DRIDG	FET LYNCH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURIT (Yes, no, or unknown)   (If yes, give war or dates of	Y No. 17. INFORMA	AND ADDRESS	2 512 3/6M
service)	BEURGIA	HEMSTREET, 50%	GREENBRIER DE
18. MED	DICAL CERTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT			ONSET AND DEATE
450.0	dia Pa	clure rosis, gen tal changes	1 Mar
Immediate cause (a)	alas fai	wis	
Antecedent cause(s)	to:	1. \ 0-	1 8 110 -
Diseases or conditions, if any, (b) giving rise to the above cause	removere	rous, gen	eral o yra
stating the underlying cause last with	enile ruin	tal changes.	
(e)		, Jee	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  None.			
192. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERA	ATION		20. AUTOPSY?
			Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factor OF office bidg., etc.) HOMICIDE INJURY	y, street,	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED		NJURY OCCUR?	
OF While at Not Whi INJURY m. Work At wo		. 1	
(6	lid . Not Atte	end	
22. I hereby certify that I attended the deceased from	.x, 19, to	5, 19, t	hat I last saw the deceased
alive on	red of 125 Neat	, from the causes and on	the data stated above
alive on, 19, and that death occurs		, from the causes and on	DATE SIGNED
Offin y y y has	· of		Due Nice
muy A, verney m	, ψ,		my. 18,03
23. BURIAL, CREMATION DATE THEREOF NAME OF	CEMETERY OR CREMA	ATORY LOCATION (City.	town, or chusty) (State)
DURIAL GOOD, 11-3 1211/41	24 FUNERAL	L DIRECTOR	20N N
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	THE PARTY OF THE P	1 OF THE	ST CAPDRIL (T N/M)
5-16-8) Chances (toll	711294	a sulling 1.	THE WALL ST. TONG
(1)	nery 1	X 7	KORR PARK 17 DC
( 64	1	104	I WILL TOURNING TOUR

The correct age

MARGIN RESERVED FOR BINDING

Signed by me by Shone permission of Caronary Br. F.J. Broschart.

Cottlamer, M.O.

AUG 18 1955

VS. A15

The correct age

7918

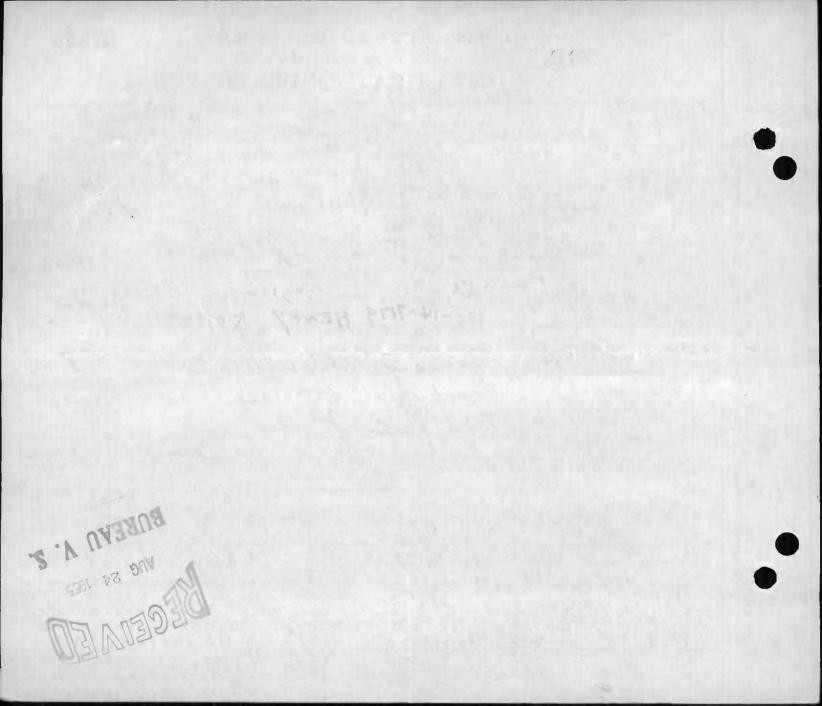
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

07913

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
More Com ERY MARYLAND	STATE manyland COUNTY	moulance
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	OR (If outside corporate limits, write RURAL and give	ve nearest town)
JGTOWN JILVER JPRING / Years	TOWN July	56
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (Iftural, give location) ADDRESS 843 Northannel	la Dr'
3. NAME OF (First) (Middle)	(Last) 4. DATE (Mont)	(Day) (Year)
(Type or Print)	OHLER DEATH Way	2/ 1953
6. COLOR OR RACE 7. SINGLE MARRIED WIDOWED, DIVORCED, (Specify) Manual	s. DATE OF BIRTH  9. AGE last birthday of under  Months  yrs.  Months	Days   Hours   Min.
	11. BIRTHET CE (State or foreign country) 12	COUNTY!
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JACOB FRANKS		ER
15. Was Dickased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, now) unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	meas,
O .  service)	HENRY KONLER	A BOVE)
18. MEDICAL CE	RTIFICATION /	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	2-1	ONSET AND DEATH
58 1. Immediate cause (a) Loronary	Eleviselerosis	141.
Antecedent cause (s) Diseases or conditions, if any, (b) Esophagus!	Carice	306
giving rise to the above cause stating the underlying cause last	· N 1	115
(c) Larrhosis	liver:	-
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Stind Cleaning	3 4/6
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes D No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m.   Work  At work		
22. I hereby certify that I attended the deceased from.	1952, to 2/aug., 1953, that I last s	aw the deceased
alive on 2/ 444, 1955, and that death occurred at		ated above.
SIGNATURE (Degree or title)	ADDRESS 0 7	DATE SIGNED
Den Wallace M. 5921	Kanagale a Wooden	es, Med.
PHOVIL SPECTY AUGUST ARLINGTON		VA (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE,	24. FUNERAL DIRECTOR	ADDRESS
REG. 8/2 2/55 Frances Volter	W.W. ratterull	
	2/19-11/2 Ch 1/11	11000
	2411-14-71-14 M. M.	INL DE



MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY,

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7919

CERTIFICATE OF DEATH

Reg Dist No 215

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEAS	ED:
county Montgomery Maryland	STATE Ma ryland county	Cl. 6.
COUNTY MONTGOMERY MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bethesda Rural  MARYLAND (in this place) 18 hr 38 min	CITY(If outside corporate limits, write RURAL OR	and give nearest town)
HOSPITAL OR SINSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET (If rural give location ADDRESS	n)
	8 Cogswell Avenue	•
3. NAME OF (First) (Middle) DECEASED: (Type or Print) John Joseph	(Last) 4. DATE (Month) OF DEATH: August	(Day) (Year) 22 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single 8-22.	OF BIRTH: 9. AGE last birthday Months yrs.	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	Bethesda, Maryland	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Stephen George LEONARD	Alice HEROZIK	
(Yes, no, or unk.) (If Yes, give war or dates of service) (Security No.	Mother Alice H. LEONARD	
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATIO	N .	
		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory, 21c. WHERE DID (City or town) (Cou ., etc. INJURY OCCUR?	nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	D 21F. HOW DID INJURY OCCUR?	
SIGNATURE STRAITS	10:35PM, from the causes and on the date	e stated above.
	Laus Cemetery Ruffalo, New Yor	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	R. A. Pumphrey Funeral Home	ADDRESS

# BUREAU V. &

9961 08 9NV

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A15	Y Y
VS. A15	Id

	CERTIFICAT	E OF DEA'	TH Reg. Dis	st. No. 215
1. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF DECEASE	ED:
COUNTY Montgomery	MARYLAND	STATE Maryl	and county	Charles
CITY (If outside corporate limits, write and give nearest town)  TOWN Bethesda Rural	RURAL LENGTH OF STAY (in this place)  4. Days	OR	corporate limits, write RURAL anhead	and give nearest town
HOSPITAL OR	1 4 20.,0	STREET ADDRESS	(If rural give location	1)
STREET ADDRESS U. S. Naval	Hospital		Cogswell Avenue	<b>V</b>
3. NAME OF (First) DECEASED: (Type or Print) Stephen Peter	(Middle)	(Last)	OF	(Day) (Year) 26 1955
5. SEX: 6. COLOR OR 7. SINGL		Sales and the sales are	9. AGE last birthday IF UNDER 1	1000
	OB. KIND OF BUSINESS OR INDUSTRY:	//	(State or foreign country):  12	COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S M		
Stephen George LEONARD		Alice HE	ERDZIK	
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service)		Mother Alic		
IMMEDIATE CAUSE  ANTECEDENT CAUSE (\$)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO COR	matur gesta	ity at 31	4day
II OTHER SIGNIFICANT CONDITIONS	(C) CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO	O THE			
				20. AUTOPSY?
DISEASE OR CONDITION CAUSING	R FINDINGS OF OPERATIO	N .		YES NO
DISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION: 19B. MAJO  21A. ACCIDENT WAS UNDERLYING   1	PR FINDINGS OF OPERATION  218. PLACE (Home, farm, factor of INJURY street, office bldg.	ctory, 21c. WHERE	DID (City or town) (Cou R7	
DISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION: 19B. MAJO  21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	21B. PLACE (Home, farm, fac	ctory, 21c. WHERE INJURY OCCU	DID (City or town) (Cou R? INJURY OCCUR?	
DISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION:  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY  M.  22. I hereby certify that I attended	21B. PLACE (Home, farm, factor of INJURY street, office bldg.  21E INJURY OCCURRED While Not while at work at work the deceased from Aug. And that death occurred at Naval Hope NAME OF CEMET	21c. WHERE INJURY OCCU D 21f. HOW DID 22., 19.55, to At 8:20A M, from t	INJURY OCCUR?  1g. 26., 19.55, that I last he causes and on the date of the second sec	st saw the decease e stated above. ATE SIGNED d or county) (State

BUREAU V. S.

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BECEINED

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VS.

PLEASE

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DATE REC'D REGISTRAR

BY LOCAL

MADVI AND COAME DEDAMMENT	OF HEALTH DALTIMODE 10
MARYLAND STATE DEPARTMENT	(1741512
7841 CERTIFICATE	OF DEATH Reg. Dist. No. 2
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE Mary and COUNTY  CITY If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town)  OR Takoma  Park  (in this place)  5 days	or Town north Beach 04x-2
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS  805  7th Street
3. NAME OF (First) (Middle) (La	
OECEASED: (Type or Print) Henry Bingham be	ewis DEATH: Quaust 26 1955
5. SEX: 6. COLOR OR 7/ SINGLE. MARRIED, 8. DATE OF WIDOWED, DIVORCED, (Specify):	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
male w sep.	1. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHAT
even if retired): mechanic Reilroad -Union St.	Washington, D.C. COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
15. WAS DESEASED EVER IN U.S. ARMED FORCESS   16. SOCIAL SECURITY NO.	Mamie Oliveri
(Yes, pfor unk.) (If Yes, give var or dates of service)	Washington Janix. + Hosp.
18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) Congester	re Ocediae tailure Terminal
ANTECEDENT CAUSE (8)	110.1 P+11. + 2.0
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	Mach-1001 Operative 30 hrs.
(260X) (c)	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	etas Mellitur 3+uri
194 DATE OF OPERATION: 198 MAJOR FINDINGS OF OPERATION	/) ( (   20. AUTOPSY?
20/25/55/96WONF WULL	YES NO [
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc (15 either, notify medical examiner)	y. 21c. WHERE DID (City or town) (County) (State) c. INJURY OCCUR?
OF INJURY  OF INJURY	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from of the	, 195, to 2/16/, 1954 that I last saw the deceased
alive on 1, 195, and that death occurred at 5	M, from the causes and on the date stated above.  ADDRESS  DATE SIGNED
23. BURGAL, CREMATION! DATE THEREOF NAME OF CEMETER	
REMOVAL (SPECIFY) ALLA 30/1955 CEDAD HIS	il Com. Surriago Po Costo Me

FUNERAL DIRECTOR

2 ADDRESS

BUT THE PROPERTY AND ADDRESS OF THE PROPERTY O AND SECURITION OF A STREET, STATE OF THE PARTY OF THE PAR

SEEL OR DNA

PLEASE WRITE

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH

07917

Reg. Dist. No. 2 17

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	m -
CITY (If outside corporate lights, write RUHAL and   LENGTH OF STAY	1 Musiana	Mala
OR give nearest town)	CITY (If outside corporate limits, write RURAL and giv	e nearest town
HOSPITAL OR Suguson Soups.	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) // Ille Ama	ancoln DEATH allquet	29 1955
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday M under Months yrs.	
10m. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12	CITIZEN OF WHAT
done during most of working life, even if retired INDUSTRY	Maryland	COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Surkley	1 Verginia - unes	avn
15. WAS DECRASED EVER IN U.S. ARMED FORGES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
service)	aduguer	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
442 X Immediate cause (a) Cheming	o constitus	2 460
Antecedent cause(s) Diseases or conditions, if any, (b) Change tarking	erseels weed dision	2 rus
giving rise to the above cause stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes   No 🛭
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While	HOW DID INJURY OCCUR?	
INJURY m.   Work   At work		
and the second s	2015 4 Ac 35 2055 12 72	()
22. I hereby certify that I attended the deceased from Aug.	1	
alive on 28, 195, and that death occurred at SIGNATURE (Degree or title)	ADDRESS from the causes and on the date sta	ated above. DATE SIGNED
Do Brown hering	Sund Sturing	
23 BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE		y) (State)
PREMOVAL (Specify) 9-1-55 With Th	emorral sondy spri	cuy iny
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. CUNERAL DIRECTOR	(ADURESS)
REG8-30-55- Gerbrude B Lawly	north of Janken.	nouse

DECENTED

SEP 7 1955

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No 218
					NO. 0-1.0

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MUNTAURING MARYLAND	STATE COUNTY To A	2
CITY (If outside corporate limits, write RURAL OR and give nearest flown) (in this place), TOWN	CITY (If outside corporate limits write RURAL and OR TOWN Wints Cilito	give nearest town)
HOSPITAL OR INSTITUTION OR WILL AMONG STREET ADDRESS WILL Male among plation	STREET (If rural, give location)	/
3. NAME OF DECEASED: (First) (Middle) (Type or Print)	(Last) 4. DATE (Month) (Day) OF DEATH	
RACE: WIDOWED, DIVORCED, (Specify): WE CALLED	OF BIRTH: 9. AGE last birthday: WUNDER I YI Months Da	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most) of work life, even if retired):	R   11. BIRTHPLACE (State or foreign country):   12.	COUNTRY?
13. FATHER'S NAME: LONGING	14. MOTHER'S MAIDEN NAME.	
I5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	a part
service)	more & Lowery (wife) De	
Immediate cause  DUE TO  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause DUE TO  stating underlying cause last  11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	- elision	ONSET AND DEATH
DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes [] No [5].
2Ia. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bldg., etc., INJURY		(State)
2Id, TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains describe find that death resulted from: Natural causes . Accidental acceptance of the remains describe find that death resulted from: Natural causes . Accidental acceptance of the remains describe find that death resulted from: Natural causes . Accidental acceptance of the remains describe find that death resulted from: Natural causes . Accidental acceptance of the remains describe find that death resulted from: Natural causes . Accidental acceptance . Acceptance . Accidental acceptance . Ac		
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify).	Y OR CREMATORY   LOCATION (City, town, or con Law Lary Levy Levy Levy Levy Levy Levy Levy Lev	ADDRESS
ling 14-55 almostal & Jacke	Sellers France Home.	
	Margnestore	Pt.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

DECEDAED

BUREAU V. S.

2411 N. Charles Street, Baltlmore

516

		CERTIFICAT	E OF DEAT	H Reg. I	Dist. No.
1. PLACE OF DEATH COUNTY	ntgomery	MARYLAND	2. USUAL RESIDENCE (H	OME) OF DECEASE	county Montgomer
CITY (If outside co OR givo nearest Y TOWN	town) Kensington	L and LENGTH OF STAY (in this place)	CITY (If outside corpora OR TOWN Kensil	te limits, write RURAI	and give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS	ss 3203 Edgew	rood Road	STREET 3203	(If rural, give loc Edgewood I	Rd /
3. NAME OF DECEASED (Type or Print)	(First) William		(Last) Man seau	OF AU	g. 19 19 55
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Narried	Feb. 17-188	9 00 ym. 1	Months Days Hours Min.
done during most of w	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Storekeep			COUNTRY? U.S.
	Arthur Man		14. MOTHER'S MAIDEN	Aime Patne	
(Yes, no, or unknown)	(If yes, give war or dates o service)	None  18. MEDICAL CE		od Rd, Kens	ington, Ma.
I. DISEASES OR CO	NDITIONS DIRECTLY		A I		INTERVAL BETWEEN ONSET AND DEATE
331X Immediate		Cereles	( Hemon	shage	6 day
giving rise to	onditions, if any, (b)	Dishet	is mells	tus	10 year
II. OTHER SIGNIFIC	cant conditions	Essent	ial Lype	sterisis	n 20 year
related to the disease	ting to the death hut not be or condition causing deat RATION 19b. MAJOR F	n. Severa	liged also	ens Ele	20. AUTOPSY?
21. ACCIDENT	(Specify) PLAC	CE (Home, farm, factory, street,	(CITY OR T	OWN) (CC	OUNTY) (STATE)
SUICIDE HOMICIDE TIME (Month)	INJU	office bldg., etc.) RY INJURY OCCURRED While at Not While	HOW DID INJURY OCC	UR?	
INJURY	m.	Work At work	1051 · QUA	19 1055	
alive onSIGNATURE		d that death occurred at (Degree or title)	- A		A CONTRACTOR OF THE CONTRACTOR
23. BURIAL, CREMA REMOVAL (Speci Burial-tran	SIU 0-66-00	St.Francis	Xavier Cem	Chittendon	Co. Vt.
DATE REC'D BY I	155 Bearie	Me Fhompson	24, FUNERAL DIRECTOR	- /	Bethesda, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefullisespecially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

The correct age

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VS. A15

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BUREAU V. S.

VS. A15-10-53

e	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	7920.
7. Th	CERTIFICATE OF DEATH Reg. Dist. No	2/6
information carefully, clearly and legibly.	1. PLACE OF DEATH:  COUNTY MON 40 MEYY MARYLAND  CITY (If outside corntrate limits, write RURAL LENGTH OF STAY OR and give nearest town)  X TOWN  HOSPITAL OR  HOSPITAL OR  INSTITUTION OR  TASTREET ADDRESS  SUBUY DAN  2. USUAL RESIDENCE (HOME) OF DECEASED:  STATE MAY LAND  CITY (If outside corporate limits, write RURAL and give nearest town)  STREET ADDRESS  TOWN 44 23 Rose dale Ave.  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  TOWN  ADDRESS  TOWN  TOWN	
every item of auses of death	FeMale White (Specify): Widow Feb 11, 1866 89 yrs. Months Days  10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. CITI	(Year) 19 5 5  IF UNDER 24 HRS. Hours Min. ZEN OF WHAT
pply	13. FATHER'S NAME: BAYNES 14. MOTHER'S MAIDEN NAME: Walla	ce
W.T.	(Yes, no, or unk.) (If Yes, give war or dates of service) (16. Social Security No.	
ITH UNFADING Physicians: plea		20 min
28	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
4	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20	S NO NO
PLEASE TYPE OR WRITE PI correct age is especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. 21c. WHERE DID (City or town) (County) OF INJURY Street, office bldg., etc. 1NJURY OCCUR?  21b. PLACE (Home, farm, factory, office bldg., etc. 21c. WHERE DID (City or town) (County) OF INJURY OCCUR?  21c. WHERE DID (City or town) (County) INJURY OCCUR?  21d. Not while at work at work at work	(State)
	Colonial Marketine	ed above.  GNED  24/3-,-

BUREAU V. S.

9966 18 9NA

BECEINGE

	TIFICATE OF DEATH No. 2/6
I. PLACE OF DEATH:	TIFICATE OF DEATH No. 2/6
	1.0
COUNTY MOUSE CONTROL MARYLAND  CITY (If outside corporate limits, write RURAL LENGTH OF STAY)	STATE Md COUNTY Monday  CITY (If outside corporate limits write RURAL and give nearest town)
OR and give passed town)  TOWN  CITY (In outside corporate limits, write CURAL (in this place)	OR TOWN Processible
HOSPITAL OR INSTITUTION OR SUBURBAN HOSPITAL	STREET (If rural, give location)
3. NAME OF DECEASED: (Type or Print) Charles (Middle)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH 8 - 24 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): (1) 1000 S. D. T.	OF BIRTH:  9. AGE last birthday: IF UNDER I YEAR   IF UNDER 24 HRS.  Months Days Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if reprod.   10b. KIND OF BUSINESS OF INDUSTRY:	marfand Gunry
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME: Letha Seekwitti
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.: (Yes, no, or unk.) (If Yes, give war or dates of service) 220-30-3588	17. INFORMANT & ADDRESS: Jaylor (Sister)
	AL CERTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
Immediate cause  (a) Cerebral head DUE TO	untage
Antonodont course(s)	nz
Antecedent cause(s) Diseases or conditions, if any, (b) Computed from	where of should
giving rise to the above cause DUE TO	
stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
8-21. 5 Central Kennetrys-	Tracken of sheel Yes No No
21a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING OF Street, office bldg., etc., INJURY	· Gertherson mody mod
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while INJURY) 23 34 76 19 9 M. work 2 at work 2	Thuch on Great with ball back
22. I hereby certify that I took charge of the remains describ	oed above, held an Autopsy [], Inspection [], Inquiry [], and
find that death resulted from: Natural causes [], Accid	lent [], Suicide [], Homicide [], Undetermined cause [].
SIGNATURE PROJECTION & Projection &	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	Y OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 129/55 Dessie M. Harmen	21 KUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

BUREAU V. S.

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BECENTED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of informa

cion carefully. The

MARYLAND	STATE DEPARTMENT OF HEALTH—	BALTIMORE,	18	07922
1 7926	CERTIFICATE OF DEATH	Reg.		No. 2

1. PLACE OF DEATH:		2. USUAL RESID	DENCE (HOME) OF DECEASE	D:
COUNTY Montgomery	MARYLAND	STATE West	Virginiaunty	
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN Bethesda	LENGTH OF STAY  (in this place)  34 day		corporate limits, write RURAL	and give nearest town)
HOSPITAL OR The Clinical Center INSTITUTION OR THE Clinical Institute	er es of Health	STREET ADDRESS	(If rural give location	
3. NAME OF (First) (Mid DECEASED: (Type or Print) Nannie Rose	e Mat	(Last) thena	0.5	(Day) (Year) 31, 1955
Female 6. COLOR OR 7. SINGLE, MARRI WIDOWED, DIV (Specify): Marri	ORCED,	of BIRTH:	9. AGE last birthday IF UNDER 1 Months 2	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	OF BUSINESS NDUSTRY:		(State or foreign country):  12	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S N	MAIDEN NAME:	
Gus Waldron	71167	Mary Grah		
(Yes, no, or unk.) (If Yes, give war or dates of service)	None	The medical	a ADDRESS: record, The Clini	cal Center
18. ME I DISEASES OR CONDITIONS DIRECTLY LEADIN	DICAL CERTIFICAT	ION		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	Pancytopenia		yngeal cellulitis	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				n ty
19A. DATE OF OPERATION: 19B. MAJOR FINDIN	NGS OF OPERATION	N		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING OF PLACE OF CONTRIBUTING CAUSE OF DEATH OF INJUR (IF EITHER, NOTIFY MEDICAL EXAMINER)	CE (Home, farm, fac RY street, office bldg.,	etc. 21c. WHERE	DID (City or town) (Cour	nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E   While at wor	NJURY OCCURRED Not while at work	21F. HOW DID	INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 28, 1955, to August 31, 1955 that I last saw the decease alive on August 31, 1955, and that death occurred at 7:20A M, from the causes and on the date stated above.  ADDRESS  The Clinical Center  M. D. National Institutes of Health  23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State Burial-Tansit) 8/31/1955 Maplewood  Tazewelh Co. Virginia				
DATE REC'D BY LOCAL REGISTRAR'S SIGNAREGISTRARY (31) 5 Plane, M. Hu		24. JUNERAL		ADDRESS

BUREAU V. S.

SEP 2 1955

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VS. A15

# STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH  Reg. D  1. PLACE OF DEATH:   2. USUAL RESIDENCE (HOME) OF DECEASED	ist. No. 218
COUNTY  CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and rive nearest town)  HOSPITAL OR INSTITUTION OR STREET ADDRESS  COUNTY  MARYLAND  STATE  CITY (If outside corporate limits, write RURAL (in this place)  TOWN  STREET ADDRESS  (If rural give local Address)  CITY (If outside corporate limits, write RURAL (in this place)  ADDRESS  (If rural give local Address)	DUNTY Minetag L and give nearest town)
That was a sure of the sure of	
(Yes, ng, or unk.) (If Yes, give war or dates of service)  18. MEDICAL CERTIFICATION  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interval Between Onset And Death
Immediate cause  (a) Commany Sections  Due to  Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  (b) User to the above cause of the above cause stating the underlying cause last.  (c)  11. OTHER SIGNIFICANT CONDITIONS  (c)	3 yw
Conditions contributing to the death but not	20. AUTOPSY ?
orts	Yes No R (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURED   HOW DID INJURY OCCUR?  While at Not While   Not Wh	te stated above.
alive on 1956, and that death occurred at 1966, from the causes and on the day address  alive on 1956, and that death occurred at 1966, from the causes and on the day address  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (city, town, of DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OF THE SIG	8.7-1°1

DECEDUES 1955
Aug 82 1955
Aug 82 1955

23.64.23 3.44.

# 7353

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No....

07924

I. PLACE OF DEATH- COUNTY  MC 4 - MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	y Many.
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If contride composite limits, write DVDAI and a	
OR give nearest town Rochelle (in this place)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
INSTITUTION OR Chestial Lodge, Inc.	STREET ADDRESS Sec (If rural, give location)	
3. NAME OF (First) • (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) FRAMCES PICHETT M.	ELLICHAM DE DEATH ALG.	18 1955
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Notice to	8. DATE OF BIRTH 9. AGE last birthday I l'under Months Worth	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)  NOMITH (AKO) RYA	COUNTRY?
FRANCIS NAME	14. MOTHER'S MAIDEN NAME EIBAHORA CHARIES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	1/14/12
Yes, no, or unknown) (If yes, give war or dates of service)	paughten, MBS F.L. SHIFFIELD,	FASTS CROSES
18. MEDICAL CE	ERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
	to the total	ONSET AND DEATH
Immediate cause	cayestive Heart Fortuse	1/2 HOUR
Antecedent cause(s)	Interiosclerufie Heart	1
Diseases or conditions, if any, (b)	ruj (12/03 (1 10) ( HEBE)	148AT
giving rise to the above cause	IISERS.P	W NG. 5:
stating the underlying cause last (c)	412-25	1 -11-5
1. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		1
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes   No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, Off office bldg., etc.)  NJURY INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m.   Work   At work	A	
22. I hereby certify that I attended the deceased from	, 19.5.2, to 19.9.19.5.5, that I last a	aw the deceased
4	. 4	
alive on Abquist 1, 1955, and that death occurred at	.1.1.1.2m., from the causes and on the date st	
SIGNATURE! (Degree or title)	ADDRESS	DATE SIGNED
MI Weth M.D.	Rothorlie, 3/	15/55
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE RESULT (Specify)	ERY OR CREMATORY LOCADION (City, town, or count	ty) (State)
DATE REC'D BY LOCAL   REGISCRAR'S SIGNATURE	24. FUNERAL DIRECTOR .	ADDRESS
Gerg, 9 My James Krastory	Los. H. Thrulanda	dinata
1 009		0.00

DECEIVED
AUG 23 1955
AUG 23 1955

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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(Day)

Days

(Year)

Hours

COUNTRY?

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Interval Between

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20. AUTOPSY ? Yes No P

(STATE)

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Bethesda, Md.

MARILAND STATE DEPARTMENT OF THE PROPERTY OF T	CARACTER STREET A LANGE AND
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH No.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY & // Mymun MARYL	LAND STATE MIC COUNTY MICHAEL
CITY (If outside corporate limits, write RURAL LENGTH OR and give pearest town)	OF STAY CITY (If outside corporate limits write RURAL and give nearest town)
	TOWN Alers Shows R-1 X
HOSPITAL OR	STREET (If rural, give location)
STREET ADDRESS Marty Co Year. Hoy	\$ ADDRESS Benefant Rd
3. NAME OF DECEASED: (Middle)  (Type or Print)  (Middle)  Church  Church	(Last) 4. DATE (Month) (Day) (Year) OF DEATH (in g 9 195
5. SEX: 6. COLOR OR 7. SINGLE MARRIED, WIDOWED, DIVORCEI (Specify): Single	ED, 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HR.  Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of   10b. KIND OF BU	
work done during most of work life, INDUSTRY: even if retired) Carpenter Building	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charley R. Mobley	Carrie Gingels
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUR	
(1es, no, or unk.) (If ies, give war or dates of	Lillian E. Mitchell-Item# 2
No service)	ILITIAN E. MICCHETT-ICEMY &
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA  Immediate cause  (a) Just dur  DUE TO	ATH:  INTERVAL BETWEE ONSET AND DEATH  And formula from the second secon
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating underlying cause last  (c)  (d)  (d)  (d)  (e)	plen, live + Inf. Vene cava
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	of Peters of Lemma 1et - Freedung 1ed homesons.
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPE	ERATION: 20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, fa PRIMARY or CONTRIBUTING OF Street, office	arm, factory, 21c. (City or town) (County) (State)
CAUSE OF DEATH. INJURY PARTIES	Musey Brunston Monta me
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCC	CURRED 21f. HOW DID INJURY OCCUR?
INJURY 8-9 55 - S. 45 PM.   work	at work & Missinger in Carte accident
	ins described above, held an Autopsy [], Inspection [], Inquiry [], an
	☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐  CHIEF MEDICAL EXAMINER ☐ DATE SIGNED
SIGNATURE 1 3 1 Sithert	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.
PEMOVAI (Specify) -	F CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Ville Union Rockville, Maryland
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMOR	E, 18 07928
7931 CERTIFICATE OF DEATH	Reg. Dist. No. 214
1. PLACE OF DEATH:   2. USUAL RESIDENCE (HOME) OF E	DECEASED:
COUNTY MONTGOMERY MARYLAND STATE COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town)  SILVER SPRING  CITY(If outside corporate limits, write RURAL (in this place)  OR TOWN  CITY(If outside corporate limits, write RURAL OR TOWN)	TON. OC.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2700 - Q.	st. N.W.
3. NAME OF (Eirst) (Middle) (Last) 4. DATE (Mondele) (Type or Print) OSE MOGIN DEATH:	UG. 31 1955
F Wh. (SPENARLE)	Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of working life, even if retired):  OR INDUSTRY:  OR INDUSTRY:  OR INDUSTRY:  OR INDUSTRY:	COUNTRY?
3. FATHER'S NAME:  BORIS HARWITH  14. MOTHER'S MAIDEN NAME:	
Yes, no, or unk.) (If Yes, give war or dates of service) (If Yes, give war or dates of service) (If Yes, no, or unk.)	0.015
18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
157x	12 2010
IMMEDIATE CAUSE (A) OTTURE ( (ME VOICE)	10 mg
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY, (B)	RIE A MINING
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	
(C)	The second secon
II OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING</u> <u>TO THE DEATH</u> BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	
£0:00	20. AUTOPSY?
RS 1950   Caramena () Vancreas	YES NO
21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. City or town)  OF INJURY street, office bldg., etc. INJURY OCCUR?	(County) (State)
TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  While   Not while   at work   at work	

especially 21A. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTIF) 21D. TIME (Month OF INJURY , E age 22. I hereby certify that I attended the deceased from // OV

3/, 19.53 that I last saw the deceased and that death occurred at 10 M, from the causes and on the date stated above. alive on .... ADDRESS DATE SIGNED

M. D. 23. BURIAL, CREMATION. NAME OF CEMETERY LOCATION (City, town, or county) (State) RENOVAL

DATE REC'D

ADDRESS

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Reg.	329

WEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
			OT.	

MEDICAL EXAMINER'S CE	RTIFICATE OF DEATH No. 214
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND	STATE Marylandcounty Montgomery
CITY (If outside corporate limits, write RURAL CENGTH OF ST OR and give nearest town)  TOWN Manor Club Estates, Rockville	
HOSPITAL OR INSTITUTION OR 15,101 Rosecroft Dr.	STREET (If rural, give location) ADDRESS 15,101 Rosecroft Drive
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Robert B Mor	tgomery 4. DATE (Month) (Day) (Year) OF DEATH Aug. 20 1955
RACE: WIDOWED, DIVORCED,	TE OF BIRTH:  9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 H  7/02  9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 H  Months Days Hours Min
work done during most of work life, even if retired): Vice-Pres.   10b. KIND OF BUSINESS   AcadNOUNTER tall Life   Insurance Co.	fe   II. BIRTHPLACE (State or foreign country):   I2. CITIZEN OF WH COUNTRY?   U.S.A.
13. FATHER'S NAME: William Montgomery	Maude Howlett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, giva war or dates of service) 577-03-4726	Mrs. Ruth Porter Montgomery 15,101 Rosecroft Dr., Manor Club Estates, Manor Club
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a)  DUE TO  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause  BUE TO  Stating underlying cause last (c)	INTERVAL BETWE ONSET AND DEA
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION	Yes □ No [
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF street, office bldg., CAUSE OF DEATH.	ory, 21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not whil INJURY M. Work ☐ at work	
find that death resulted from: Natural causes , A SIGNATURE hand & Marchaut	cribed above, held an Autopsy   , Inspection   , Inquiry   , a cident   , Suicide   , Homicide   , Undetermined cause   CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.  CERY OR CREMATORY   LOCATION (City, town, or county) (State)   County   Montgomery County, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	L24, FUNERAL DIRECTOR 8/34 Ga. ADDRESS

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE 18 OF OCO
7842 CERTIFICATI	V ( 3 3 6
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND	STATE Ind COUNTY Montgomery
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside priporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place) //TOWN Takoma Park 6 days	TOWN Selver Spring 56
HOSPITAL OR NSTITUTION OR	STREET (If rural gife location)
75 STREET ADDRESS Washington Sanatonic	722 Alegoline S
3. NAME OF (First) (Middle) DECEASED: (Type or Print)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: Que 13 1955
	OF BIRTH: 9. AGE last irthday IF GADER I YEAR IF UNDER 24 HRE.
Temale While (Specify) narried april	9 1 4, 1879 19 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired):	11. BIRTHPLACE (State or reign country): 12. CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Kisner	margaret Gates
(res, no, or unk.) (If Yes, give war or dates of service)	Mr. Arthur L. Mullican
18. MEDICAL CERTIFICAT	100 Ave., Silver Spring, Maryland Interval Between
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) Brone	Rogeneumenia / slav
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY. (B) CORED	ral Hemmonrage 6 ale
STATING UNDERLYING CAUSE LAST. DUE TO	t. 1 4 + 1
(C) WALLEL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	and ( sportherer gover
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.  19A, DATE OF OPERATION:   19B, MAJOR FINDINGS OF OPERATION	N AUTODOVA
	20. AUTOPSY7 YES NO
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State)

22. I hereby certify that I attended the deceased from Luc

OR CONTRIBUTIN (IF EITHER, NOTIFY 21E INJURY OCCURRED 21p. TIME (Month) (Day) (Year) (Hour) While Not while OF INJURY

at work

21F. HOW DID INJURY OCCUR?

33 to 5, that I last saw the deceased M, from the causes and on the date stated above.

LOCATION (City, town, or county,)

(State)

alive only and that Heath accurred SIGNATURE ADDRESS DATE SIGNED

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BERIAL, CREMATION, REMOVAL (SPECIFY) NAME OF CEMETERY CREMATORY DATE THEREOF Colesville 8/15/55 Burial

Cemetery Montgomery County, Md. ADDRESS

8434 Ga. Ave. Spring Md

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07934

7935 CERTIFICATI	E OF DEATH Reg. Dist. No. 214	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Montgomery MARYLAND	STATE Maryland county Montgomery	
CITY [If outside corporate limits, write RURAL] LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL and give nearest to	own)
Town Silver Spring In this place)  10 yrs.	TOWN Silver Spring 5%	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8919 1st Ave.	STREET (If rural give location) ADDRESS 8919 1st Ave.	
3. NAME OF (First) (Middle) DECEASED: (Type or Print)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: DESAIL 2 9 195	<b>5</b> °
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 1	dln.
OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS work done during post of working life ov t. Printing Offieven if retired): Machinist Cov t. Printing Offi	11. BIRTHPLACE (State or foreign country):  12. CITIZEN OF W	HAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John Nalley	Laura Magruder	
(Yes, no, or unk.) (If Yes, give war or dates of service)  10. SOCIAL SECURITY NO.	Mrs. Goldie B. Nalley 8919 1st Ave., Silver Spring, Md.	
18. MEDICAL CERTIFICAT	INTERVAL BETW	VEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DE	HTA
IMMEDIATE CAUSE (A) Colyn 1:	10ry Coema 5hins	1
ANTECEDENT CAUSE (S) DUE TO	9 11 4 - 1	
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	Ou sestive Heave to love 23 him	
(c) Coronar	2 Aviens Uce lusion location	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPS	V2
	YES NOTOFS	
21A. ACCIDENT WAS UNDERLYING OF 18 PLACE (Home, farm, fact OF CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?	
DF INJURY  M.   Control of the contr	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from January	, 1953, to 2 Aug., 1950, that I last saw the decea	ised
alive on 3, 1955, and that death occurred at	M, from the causes and on the date stated above. ADDRESS DATE SIGNED	
Mason of les has M.	. 0.11/3 4 00005 15 Are Jelis Ding by 29 20	
23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY)  Burial  9/1/55  Ft. Lincoln		tutei

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especially important. Physicians:

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REGISTRAR'S SIGNATURE

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please write the causes of death clearly and legibly. Supply every item of information

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7936

#### CERTIFICATE OF DEATH

OEK	LIFICILL	E OF DEAT	Keg Reg	. Dist, No.
1. PLACE OF DEATH		2. USUAL RESIDENCE	(HOME) OF DECEAS	
COUNTY	MARYLAND	STATEW YOR		NASSAU
CITY (If outside corporate limits, write RURAL and   L	ENGTH OF STAY	CITY (If outside corpo	rate limits, write RUE	AL and give nearest town)
TOWN BETHESDA	(in this place)	TOWN ROCKY	LE CENTO	ER 69x-3
HOSPITAL OR	7 7 6 7 1 1 2 3	STREET	(If rural, give	
STREET ADDRESS 7809 FAIRFAX	ROAD	ADDRESS 4	FRONT STI	reet √
3. NAME OF (First) (M	iddle)	(Last)	4. DATE (I	Month) (Day) (Year)
(Type or Print) ALEXINE DAVI	SON	NIX	DEATH AU	19UST 19 1955
WIDOW	E, MARRIED, ED, DIVORCED, y) WIDOWED	S. DATE OF BIRTH	9. AGE iast birthday	Months   Days   Hours   Min.
10a, USUAL OCCUPATION (Give kind of work   10b. Kin	D OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	OME	NEW YORK		COUNTRY? U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	
CHARLES DAVISON		MARY	ALMA	WRIGHT
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCI	IAL SECURITY NO.	17. INFORMANT AND	ADDRESS	0 1
(Yes, no, or unknown) (If yes, give war or dates of service)	NONE	ALMA SAUND	ERS 7809 1	FAIRFAX RU BETHESD
	18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
1/500	D.			ONSER AND DEATH
1 Hypos	TATIC YN	EUMONIA	***************************************	5 DAYS
1 ( ) 3 ( ) ( )	SITUS UL	cers MAS	SIVE	2 MONTHS
giving rise to the above cause stating the underlying cause last	RIDSCLERE	ISIC GENER	RALIZED	4 YEARS
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not				
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS	OF OPERATION			1 20. AUTOPSY?
198. DATE OF OPERATION 186. MAJOR FINDINGS	OF OFEIGNION			
A CONTRACTOR (Party) I DI ACE (Home	farm, factory, street,	: (CITY OR	TOWN	(COUNTY) (STATE)
21. ACCIDENT (Specify) PLACE (Home, OF office bld, INJURY		(0111 010	10WN)	(GOUNTY) (BIATE)
OF While at	OCCURRED Not While At work	HOW DID INJURY O	CCURT	
ATTOCATA	0		1.4	
22. I hereby certify that I attended the decease	d from JEPT. 8	1952 to Augus	T. 19, 195.5., tha	it I last saw the deceased
/\ A		. ()		
alive on d. U.G. 19., 1955, and that de	eath occurred at/. Degree or title)	ADDRESS	e causes and on the	de date stated above.  DATE SIGNED
What G. angle M.S.	5009	Del Ray aux,	Bether de	x, hd 8/19/55
Zo. DOIGIAL, OLGENIALIZATION DILLERS	NAME OF CEMETE reenfield	RY OR CREMATORY	Nassau Cou	wn, or county) (State) unty New York
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATU	RE	24 FUNERAL DIRECT		ADDRESS
REG. 8/20/55 Bessie M. Tho	mpson	Roberts a.	Tumbhre	Bethesda, Mo

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 17336

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CERTIFI	CAIL	OF.		$\mathbf{A}'\mathbf{I}'\mathbf{H}$

Reg. Dist. No. 223 I. PLACE OF OEATH 2. USUAL RESIDENCE (HOME) OF DECEASEO: COUNTY MON go mery MARYLAND VIVGINIA COUNTY CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and give nearest town) (in this place) TOWN -TOWN 2 dans HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (First) (Middle) (Last) DATE (Month) (Day) (Year) DECEASED OF AVace (Type or Print) 20 DEATH 19 5 6. COLOR OR 7. SINGLE, MARRIED. 8. OATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRE WIDOWED, DIVORCED Days Months Hours (Specify): 11-62 IOB. KINO OF BUSINESS 10A. USUAL OCCUPATION (Give kind of) II. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life. OR INQUSTRY COUNTRY? even if retired): 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME Moore IS. WAS DECEASED EVER IN U.S. ARMED FORCES! 17. INFORMANT & AODRESS 16. SDCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates of service) R.h. 9107 tlane 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH MMEDIATE CAUSE (A) OUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE OUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21p. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW OID INJURY OCCUR? Not while OF INJURY While at work at work 15219 to 8 22. I hereby certify that I attended the deceased from & 20 . 1955 that I last saw the deceased , and that death occurred at 4 4 alive on M, from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED 23. BURIAL, CREMATION. LOCATION (City, town, or county) (State) REMOVAL (SPECIFY) Bureal DATE REC'O BY LOCAL AOORESS

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07938

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1933	CERTIFICATE	OT	TOTAL A TITLE
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Reg. Dist. No.

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
210	COUNTY MANTGOMETY MARYLAND	STATEMARY and COUNTY Montgomery
101	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
	X TOWN Rethes da (in this place)	TOWN Bethesda X
2	HOSPITAL OR	STREET (If rural give location)
Car	74 STREET ADDRESS Suburban Hosp	ADDRESS 827 Del Ray Ave.
1	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
2	(Type or Print) F. Henry	Tati DEATH: MUG. 28 1952
70	Male Section of A SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED. Aug.	8 1868 9. AGE last birthday to though the last birthday of the last birt
Ruses	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
2	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
20	Fred Platt	Amelia Drecher
17.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS: Attorney,
ע	no of service) none	All Perpetual Bldg. Bethesda
Z Z	18. MEDICAL CERTIFICAT	ION INTERVAL BETWEEN
d,	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	33/X	Many (BOD) HOUR
200	DUE TO	oscario oscario
2	ANTECEDENT CAUSE (S)	1 materine ( ) on asia
2	GIVING RISE TO THE ABOVE CAUSE DUE TO	c arrows (source
4	STATING UNDERLYING CAUSE LAST.	
11.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	+ 1001
2010	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	helles Mellitus,
	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	2Q. AUTOPSY?
× ×		YES NO
eciali	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	cory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
dsa	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?
02	OF INJURY  M. at work at work	ro A a my
99	22. I hereby certify that I attended the deceased from	1900 to Will on 1900 that I last saw the deceased
30	alive on Quad. 28, 1955, and that death occurred at	935 M, from the causes and on the date stated above.
Ct	SIGNATURE	ADDRESS A DATE SIGNED 90
correct	- Ugarastts. (Ixa, 1) of Mil	0-104 RIM helself, Ctky - 1110000
00	23. BUR AL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county) (State)
	REMOVAL (SPECIFY) Burial 8-31-55 Prospect	Hill Cem. Washington, D. C.
	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
	REGISTRAR Gessie, M. Shompson	Brekert a Sumshily Bethesda, Md.

BUREAU V. S.

SEP 2 1955

DECENSED

VS. A15 8-51

PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No.....

7354 CEF	RTIFICATE	OF	DEATH
----------	-----------	----	-------

1. PLACE O	F DEATH:				2. USUAL RESIDE	NCE (HOME)	OF DECEASED:		
county Montgomery MARYLAND			STATE Ma rylandcounty Montgomery						
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY					its, write RURAL a		amout town)		
OR and give nearest town) (in this place)  TOWN Rockville			s place)	OR	kville	is, write RURALI a	ind give ne	() /	
HOSPITA	L OR				STREET		f rural, give location	n)	PG 60
INSTITUT STREET		ville F	Piko		ADDDEES	···illa D	ilaa		/
3. NAME OF	TOCK	ville r				kville P			
DECEASE	D:		(Middle)		(Last)	4. DATE	(Month) (D	ay) (Ye	ear)
(Type or 1	001		G		NDOLPH	DEATH	: August 25	1	9 55
5. SEX:	6. COLOR OR RACE:	WIDO	E, MARRIED. WED, DIVORCED,	8. DATE	OF BIRTH:	9. AGE last	birthday: IF UNDER		
Male	White	(Speci	fy Married	Sept.	16, 1916	38	Months 8	25 H	lours Min.
10a. USUAL	OCCUPATION (Give	kind of	10b. KIND OF BU	SINESS OF	11. BIRTHPLACE	(State or for	reign country):	I2. CITIZ	EN OF WHAT
even ii	ne during most of worretired): Carpent	ter's	Building		Wright Cit	v. Okla	ahoma	COUN	USA
13. FATHER	's NAME: Helper		Duriding		14. MOTHER'S MAII				
					Unknown	7221 11321321			
	KNOWN ASED EVER IN U.S. ARM	Et Flances 2	I6. SOCIAL SECURITY	. NY		DDGG			
(Yes, uo, or u	nk.) (If Yes, give war	or dates of			INFORMANT & ADD				_
No	service)		212-14-53	06 I	rederica M.	Rando	lph-Same	Item #	2
					ERTIFICATION				1
I. DISEASES	OR CONDITIONS DI	RECTLY	LEADING TO DEAT	LH in the control	****** * (* * * * * * * * * * * * * * *	ore plantage	THE HALL STATE	INTER	
15	X	in it	Veneral	ered.		- 0111	eri a Ta		The start
Immed	iate cause	(a)X DUE TO	***************************************	7		The state of the s			
Antece	dent cause(s)	1			C 6_	0	,	V. 1	Lander
Diseases	or conditions, if any,	(b)	accur	Ma.				1K	2 prest V
stating u	se to the above cause Inderlying cause last	DUE TO							
II OTHER	VOLUME COLUM	(c)							
Conditions	GIGNIFICANT CONDI	eath but no	t						
	the disease or condition F OPERATION: 19b			D. 1 = 1 = 2 = 1					
19a, DATE	F OPERATION: 198	. MAJUR	FINDINGS OF OPE	RATION:				20. AU	TOPSY?
21. ACCIDEN	T (Specify)	I DI A	CE (Hama farm fa		COMMIT OF THE				No 🗆
SUICIDE HOMICII	Œ	OF INJU			(CITY OR TOW	(N)	(COUNTY)	(STATE)	
TIME (MOSE OF INJURY	Ionth) (Day) (Year)	(Hour)	While at Not will work at wo	hile	HOW DID INJURY	OCCUR?			
22 I haral	ov certify that I -			7/	a, 1951, to	1/13 101	Allert Y I.		1
SIGNATU	RE 19	, and			Zies a.m., from	n the cause	s and on the da		
-6	11 21 1	tal	C M	12	address O	hurle	le 1110	DAT	E SIGNED
Burial		E THERE 0			Y OR CREMATORY ethodist		on (City, town, or comery I	Maryla	(State)
DATE REC'			SIGNATURE		24. YUNERAL DIRE				DRESS
RES. / 2	.6/1-5 da	wel	el Trad	rep	Ralint (	le His	who HOLD	etheso	da. Md.
-			10%	14	- Common of	V. YU			111 01
,			- 4						

AUG 29 1955

BUREAU V. E.

MARGIN RESERVED FOR BINDING

	CERTIFICATI		. No. 216	
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY Montgomery	MARYLAND	STATE Maryland COUNTY Mon		
CITY (If outside corporate limits, write RIOR and give nearest town)	URAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL s	and give nearest town	
X TOWN Kensington	(in time place)	Town Kensington		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10306 Greenfield Street		STREET (If rural give location) ADDRESS 10306 Greenfield Street		
3. NAME OF (First) DECEASED: (Type or Print) Daniel		(Last)  4. DATE (Month)  OF DEATH: August 2	Day) (Year) 22 19 55	
5. SEX: 6. COLOR OR 7. SINGLE, WIDOWE (Specify):	D. DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1		
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE		11. BIRTHPLACE (State or foreign country): 12.  Washington, D. C.	CITIZEN OF WHA	
3. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:		
Joseph C. Reamy		Elinor Cook		
15. WAR DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No.	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:		
(Yes, no, or unk.) (If Yes, give war or dates of service)	None	Joseph C. Reamy - Same as Item #2		
I DISEASES OR CONDITIONS DIRECTLY I		- Lymphatis Lenkerins	ONSET AND DEAT	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY.	(A) Subacul UE TO (B)	Lymphatis Lenkenins	ONSET AND DEAT	
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS COIL	(A) Subseul UE TO (B) UE TO (C) NTRIBUTING	Lymphatis Lenkenins	ONSET AND DEAT	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS COI TO THE DEATH BUT NOT RELATED TO T	(A) Selection (B) UE TO (C) NTRIBUTING	- Lymphatis Lew Kenins	ONSET AND DEAT	
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS COI TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING DE	(A) Selection (B) UE TO (C) NTRIBUTING		20. AUTOPSY?	
IMMEDIATE CAUSE  ANTECEDENT CAUSE (5)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS COINTO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING DE 19A. DATE OF OPERATION: 19B. MAJOR	(A) Joseph (A) (B) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	N (Countery, 21c, WHERE DID (City or town) (Counter)	20. AUTOPSY?	
IMMEDIATE CAUSE  ANTECEDENT CAUSE (5)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS COI TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING DE  19A. DATE OF OPERATION: 19B. MAJOR  21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)	(A) Joseph (A) (B) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	N  tory, 21c. WHERE DID (City or town) (Counterto. INJURY OCCUR?	20. AUTOPSY?	
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS COUTO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING DE 19A. DATE OF OPERATION: 19B. MAJOR  21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF CIFTER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	(A) JUE TO  (B) UE TO  (C)  WITHIBUTING  HE ATH.  FINDINGS OF OPERATION  I. PLACE (Home, farm, factor in the content of the co	N  Lory, 21c. WHERE DID (City or town) (Counterto. INJURY OCCUR?	20. AUTOPSY? YES NO (State)	
IMMEDIATE CAUSE  ANTECEDENT CAUSE (5)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS COI TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING DE  19A. DATE OF OPERATION: 19B. MAJOR  21A. ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF INJURY  22. I hereby certify that I attended the	(A) UE TO  (B) UE TO  (C)  NTRIBUTING  HE ATH.  FINDINGS OF OPERATION  I. PLACE (Home, farm, fac INJURY street, office bldg.,  21E INJURY OCCURRED  While at work  deceased from  that death occurred at	Cory, 21c. WHERE DID (City or town) (Country of INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  26, 1966, town, 1966, that I last of the causes and on the date ADDRESS	20. AUTOPSY7 YES NO  (State)	
ANTECEDENT CAUSE  ANTECEDENT CAUSE (5)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS COI TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING DE 19A. DATE OF OPERATION: 19B. MAJOR  21A. ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF INJURY  M.  22. I hereby certify that I attended the	(A) UE TO  (B) UE TO  (C) NTRIBUTING HE ATH. FINDINGS OF OPERATION  PLACE (Home, farm, fac INJURY street, office bldg  21E INJURY OCCURRED While Not while at work deceased from that death occurred at	21c. WHERE DID (City or town) (Counter INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  26, 1966, town, 1966, that I last	20. AUTOPSY7 YES NO ty) (State)  saw the decease stated above. TE SIGNED	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07940

ADDRESS

Bethesda, Md.

FUNERAL DIRECTOR

USA

VS.

PLEAS

REGISTRAR

Soroum notifieil and will approve

BUREAU V.

AUG 29 1955

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

Bethesda, Md.

1			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  STATE Maryland county Montgomery		
county Montgomery Maryland			
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL		
OR and give nearest town) (in this place)	TOWN Rockville	2/	
HOSPITAL OR	STREET (If rural give location	n) /	
INSTITUTION OR STREET ADDRESS None	ADDRESS None	/	
DECEASED: ANNE	(Last) 4. DATE (Month) OF A.	(Day) (Year)	
(Type or Frint)	OF BIRTH: 9. AGE isst birthday IF POER!	7 28 19 54	
RACE: WIDOWED DIVORCED	9-1872 83 yrs. Months	Days Hours Min.	
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12	COUNTRY?	
even if retired): Practical Nurse Nursing	Maryland.	U.S.	
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
Richard Henry Walters	Anna A	merica Tri	
5. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: Virginia	Walters	
Yes, no, or unk.) (If Yes, give war or dates of service) None	Sister-in-law - Rockville	Md	
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	The second secon	ONSET AND DEATH	
450.0 1. DF1	NA IA	7 MANG	
IMMEDIATE CAUSE  (A)  DUE TO	VC 1/4	- straig	
ANTECEDENT CAUSE (S)	- 1 . + D · 1	711. TI	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE  DUE TO	line heart frailise	- monu	
STATING UNDERLYING CAUSE LAST.	0	7	
X(60) X (C) WYUU	conclusions	1 9 year	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	o to modelities	100	
DISEASE OR CONDITION CAUSING DEATH.	more vaccionary	_ years	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
		YES NO	
21A. ACCIDENT WAS UNDERLYING TO BE CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (if either, notify medical examiner)	tory, 21c. WHERE DID (City or town) (Cou etc. INJURY OCCUR?	nty) (State)	
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	2 1F. HOW DID INJURY OCCUR?		
OF INJURY While While at work at work			
22. I hereby certify that I attended the deceased from aug	11 1955 to 7 8 Chy 1955 that I la	st saw the decease	
alive on 7 200 1977, and that death occurred at		stated above.	
1 Dans a Francisco	David Tunk	aug 55	
	ERY OR CREMATORY   LOCATION (City, town,		
REMOVAL (SPECIFY)	The state of the s		
	Presby Ch. Cem Darnest	ADDRESS	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE /	A- A-ONERAL DIRECTOR	AUDRESS	

A15. VS.

PLEASE TYPE

9/1/55

Supply every item of information

MARGIN RESERVED FOR BINDING

OR WRITE PLAINLY, WITH UNFADING INK.

BUREAU V. S.

**SEP** 2 1955

BECEINED

7941	CERTIFICAT	E OF DEAT	TH Reg.	Dist. No. 2/
1. PLACE OF DEATH:		2. USUAL RESIDE	ENCE (HOME) OF DECE	ASED:
COUNTY Montgomery	MARYLAND	STATEMARY	and COUNTY C	arroll
CITY (If outside corporate limits, writed and give nearest town)	te RURAL LENGTH OF STA (in this place) 17 days	OR	corporate limits, write RUF	CAL and give nearest town
HOSPITAL OR The Montgome INSTITUTION OR HOSPITAL,	ery County General	STREET ADDRESS	(If rural give loca	ation)
3. NAME OF (First) DECEASED: (Type or Print) William		(Last) gley	4. DATE (Month) OF DEATH: Augus	(Day) (Year) t 28 1955
5. SEX: 6. COLOR OR 7. SING WIDO (Spec	LE. MARRIED. 8. DAT DWED. DIVORCED. 1/1	/73	9. AGE last birthday Month	ns Days Hours Min
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	108. KIND OF BUSINESS OR INDUSTRY:	Marylahd	State or foreign country):	COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MA	AIDEN NAME:	UaDadla
Tivus Ridgley		Rebecca	LET	
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unk.) (If Yes, give war or date of service)		Hospital Re		
	18. MEDICAL CERTIFIC			INTERVAL BETWEE
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO	Myph	mour	gieso
TO OTHER SIGNIFICANT CONDITIONS	(C)			
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING	DEATH.	yaldis bijl a	upund /ter	na grano
8/13/55 Plan	or findings of operation	in nound	Itemi	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH	218. PLACE (Home, farm, for INJURY street, office bld	g., etc. INJURY OCCUI	OID (City or town) (R?	County) (State)
21D. TIME (Month) (Day) (Year) (Hour OF INJURY M.	) 21E INJURY OCCURR While Not while at work at work	ED   21F. HOW DID I	NJURY OCCUR?	
22. I hereby certify that I attended		/	/	
SIGNATURE W	and that death occurred a	M. D. ADDRESS	this	PATE SIGNED
Burial, CREMATION, DATE THE	NAME OF CEME	TERY OR CREMATORY	TH . 1	vn, of county (State
DATE REC'D BY LOCAL   REGISTRA			DIRECTOR	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07942

BUREAU V. &

SEP 2 1955

BECEINED

2361 91 DUA provides are part of the second state of the s

BUREAU V. S.

MINTER TO STRADITIONS

VS. A15 — 10 - 53

SE

23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (Gity, town, or county)

DATE REC'D BY LOCAL REGISTRANE, SIGNATURE Petter 24 FUNERAL DIRECTOR ADDRESS
REGISTRANG-2/-55 Comment of Comm

DECENSED

VNC SE 1022

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- 2 4 charte from the same

BUREAU V. S.

VS. A15

The correct age

### 7345

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

## CERTIFICATE OF DEATH

07945

eg. Dist. No. 223

COUNTY 7/1//	STATE COUNTY COUNTY
MENIGOWENLA MARYLAND	Maryland Mortgomeres
CITY (If outside corporate limits, write RURAL and OR give nearest town) (in this place)	OR CITY (If outside corporate limits, write RURAL and give nearest town)
17 TOWN Shema Tark 3 weeks	TOWN Jakoma Jask?
HOSPITAL OR	STREET (If rural, give location)
75 INSTITUTION OR Washington Sactorian	ADDRESS/6/8- Sakular and.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Lotton Randle Ki	bertson DEATH AUG 20 1955
5. SEX / 6. COLOR OR BACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE last birthday   If under 1 year   If under 24 hrs.
Male What Specify Manual	11/2/80 74 yra Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business on	DIRTHALACE (State or foreign country)   12. CITIEN OF WHAT
done during most of working life, even if retired) INDUSTRY	marilland gothers a
W. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
4	A MOINERS MAIDEN NAME
Glorge Henry Hoperson	tolle While
15. Was DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (VII yes, give war or dates of C 7 0 C OU 1	17. INFORMANT AND ADDRESS
nr   service) 7/1   D   8-0>-8706	Washington Van - Records
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.	INTERVAL BETWEEN ONGET AND DEATE
4201 · (1) Broncho-	
Immediate cause	preumonia Dilateral Belays
(2) Chronic n	ephroselerosis & Uremia Undetermina
Antecedent cause(s)	
Diseases or conditions, if any, (b) 3 CEMERALIZEC	Actoriosolorosis Undetermina
etatles the moderate across last	yocarditis = Cardiac Undolorniad
	ungelisation promising
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	Trombosis (old)   5yrs
190. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
20 Thombs with that I attended the decord in fact /	53 Aur 20 54
22. I hereby certify that I attended the deceased from	1953, to 1952, 1955, that I last saw the deceased
aline office 12 1055 and that doubt assumed at 3	3 P A tour the same of the sam
RIGNATURE (Degree or title)	ADDRESS DATE SIGNED
15 10 h1 ( 7835	Fastone Aug ( D
funt Lact 1100 Silve	Cr. Serine My 1705 20, 1955
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	RY ON CREMATORY   LOCATION (City, town, or county) (State)
REMOVAL (Specify)	Man to to De
DATE REC'D BY LOCAL   RAGISTRAC'S SIGNATURE /	24. FUNERAL DIRECTOR ADDRESS
18EG: 70-1613 - 11/1 11/1	11/2/2011
my Lo 1900 J. VI WIN WOUTE	udame funeral Home.
	474 Wis are n. W. Wash & C

SECEIVED

BUREAU V. S.

# 7846 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYLAN	D STATE DEPARTMEN	NT OF HEALTH—BALTI	MORE,	18 079 ú	Dist.
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH N	10. 223

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Montgomery MARYLAND	STATE HAVYJAN SCOUNTY HONIGO	men
CITY (If outside correcte timits frite RURAL LENGTH OF STAY	CITY (If outside corporate limits write RURAL and	
OR and give nearest town) (in this place)	OR TOWN Silver Saring	56
HOSPITAL OR	STREET (If rural, give location)	1
INSTITUTION OR	ADDRESS	
1 Orania market in the	1513 PAULA DV.	(V)
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	
(Type or Print) (harles albert /2)	warts DEATH any 18	19 5-7
PACE. WIDOWED DIVORCED	9. AGE last birthday: F UNDER I YE	
M (Specify) June 1-/2	5-1947 8 yrs.	
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of work life, INDUSTRY:	R 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WILAT COUNTRY?
even if retired): Julie	Library Bree.	M59
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
1/2 Villas As heavesto	1,11/2. Bum	
15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	he a set	
Y   1	markey	
	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	0 0	ONSET AND DEATH
Immediate cause (a) Acutta Rugues	etry defection	2 days
DUE TO		
Antecedent cause(s)	<b>✓</b>	The Arm
Diseases or conditions, if any, (b)		
stating underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION:   19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
		Yes 🗆 No 🕞
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc. INJURY		(State)
21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
OF   While at Not while INJURY M.   work □ at work □		
22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy 🔲, Inspection 🕱,	Inquiry , and
find that death resulted from: Natural causes Q, Accid	dent [], Suicide [], Homicide [], Undeter	mined cause [].
SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
Thend Broschart	M. D. ASSISTANT MEDICAL EXAM.	8-18.55
	RY OR CREMATORY   LOCATION (City, town, or con	inty) (State)
REMOVAL (Specify): 8-19-55 Des. Was	L Mem. Huatlevelle.	nd.
DATE REC'D BY LOCAL   BEGISTRAK'S SYNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 19-1955 7 - Hollon Dodd	Goldberg tuneral Hom	a Mach. D.C
and it is the second		

VS. A15A - 5 - 53

SECEIVED AUG 82 1955

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

VS. A15

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 187947

7944 CERTIFICATE OF DEATH

Reg. Dist. No. 2 16

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
county Montgomery MARYLAND	STATE Maryland COUNTY PA	4
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL ar	nd give nearest town)
OR and give nearest town) (in this place)	OR	11
A De thesua 120 days	22000110011	16 X - 2
HOSPITAL OR The Clinical Center	STREET (If rural give location) ADDRESS	
DOSTREET ADDRESS Bethesda, Maryland	Route 1. Box 78-F	V
	(Last)   4. DATE (Month) (D	(Year)
DECEASED: (Type or Print) Philip Nicholas Serbu	OF DEATH: August 1	.6, 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YI	
	19, 1951 Three(3) yrs.	ays Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):   12.	CITIZEN OF WHAT
work done during most of working life. even if retired): Child	District of Columbia	S. A.
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME;	
Gideon Serbu	Eleanor Majshy	
8. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
of service) No None	The Medical Record, Clinical	Center
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	hemorrhage.	ONSET AND DEATH
204.0 Bronchopne	eumonia & intrapulmonary/	
IMMEDIATE CAUSE (A) Bronchopne	sumonia d intrapulmonary/	
ANTECEDENT CAUSE (S)		
	chatic leukemia.	
STATING UNDERLYING CAUSE LAST. DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE Septice	emia (organism being identified	
19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION	٧	20. AUTOPSY?
tion trip tion		YES NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact	tory. 21c. WHERE DID (City or town) (County	
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact) OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		(State)
	21F. HOW DID INJURY OCCUR?	
OF INJURY  OF INJURY  M.  OF INJURY  M.  OCCURRED  While  at work  At work		
	70 1055 1 1000 76 10 5513 173	
22. I hereby certify that I attended the deceased from Apr.		
alive on Aug. 16 , 19.55 , and that death occurred at	5:10 AM, from the causes and on the date s	stated above.
SIGNATURE	ADDRESS DAT	E SIGNED 55
Rishard Reid Poton M	.D. The Clinical Center, Bethesda	Maryland
23. BURIAL. CREMATION. DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or	county) (State)
Burial 8-19-55 Mt. Olive	t Cem. Washington, D	. C.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	24 FUNERAL DIRECTOR	ADDRESS
REGISTRARY 171 CO 12 . 41 10	Ret. Ret.	hesda. Md.



A	7	0	18	
U		J	Reg.	Dist.

2.				
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	N

The correctly.	MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH	No. 2/4
อั	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
Th.	COUNTY MINTERDAM MARYLAND	STATE COUNTY	
ully. legib	CITY (If outside corporate limits, write RURAL OR and give nearest town) (in this place)	CITY (If outside corporate limits write RURAL and OR	give nearest town)
n caref	HOSPITAL OR INSTITUTION OR 12802 History	STREET ADDRESS 5/30 Corn Cut 1	111. 1
mation	3. NAME OF (First) (Middle) DECEASED: (Type or Print) Makel M	(Last) 4. DATE (Month) (Day OF DEATH Cong 1%	19.5%
f infor	RACE: WIDOWED, DIVORCED, (Specify):	24, 1900   54 yrs.   Months De	ys Hours Min.
item of	104. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Stenographer—Life Insurance C	OR 11. BIRTHPLACE (State or foreign country): 12.  O. Buffalo, New York	COUNTRY? U. S. A.
every item he causes	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
ca	Edwin P. Super	Emma K. Kline	
Supply evwrite the	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of scrvice) 577-01-9193	17. INFORMANT & ADDRESS: 12,802 Hatha	
di		CAL CERTIFICATION	
INK. Splease w	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  42/.4 Immediate cause  (a)	lian Jailune	Interval Between Onset and Death
UNFADING Physicians:	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)	4 Aldaharan	111.10
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
LY, WITH important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes \( \text{No} \( \text{No} \( \text{I} \)
ILY, imp	21s. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   OF street, office bldg., etc CAUSE OF DEATH.	Co,	(State)
LAIN	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work at work		
WRITE PLAINLY ge is especially im	22. I hereby certify that I took charge of the remains described that death resulted from: Natural causes , Accisionature	ibed above, held an Autopsy , Inspection , ident , Suicide , Homicide , Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	Inquiry , and mined cause DATE SIGNED
ASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (Specify) Aug. 15, 1955 Fort Lincoln DATE REC'D/BY LOCAL   REGISTRAR'S SIGNATURE	24, FUNERAL DIRECTOR	., Md.
PLE	REG. 8/15/55 Frances Voller	Warner & Pamphrey Silve	r Spring, Md.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

RUREAU V. S.

PLEASE TYPE

M	carefully
re-	information
	item of
BINDING	ITE PLAINLY, WITH UNFADING INK. Supply every item of information care.
FOR	INK.
MARGIN RESERVED FOR BINDING	UNFADING
ARGIN	WITH
M.) M.	PLAINLY,
1	WRITE

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1807949 7945

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Montgomery MARYLAND	STATEFlorida COUNTY	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY		
Y TOWN Bethesda Rural (in this place) 4 mo. 5 days	s OR TOWN Clearwater 48 x - 3	
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS	
STREET ADDRESS U. S. Naval Hospital	309 Orangewiew Avenue	
DECEASED: (Type or Print) Ashton Burnard SMITH	(Last) 4. DATE (Month) (Day) (Year)  OF DEATHAUgust 31 1955	
6. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED. (Specify): Married 2-19-	9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 Hours   Months   Days   Hours   M	
DA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner  DA. USUAL OCCUPATION (Give kind of OR INDUSTRY:  U. S. Navy Retired	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WI COUNTRY?  Georgia  U. S.	
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Thomas Peyton SMITH	Nancy Jane PIPER	
Yes, no, or unk.) (If Yes, give war or dates of service) WI WWII Unknown	17. INFORMANT & ADDRESS: Wife Dorthea G. SMITH Same as above	
18. MEDICAL CERTIFICA	TION INTERVAL BETW	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DE	
541.0 IMMEDIATE CAUSE (A) Computage	from alternacionatic artary in lasting 16	
DUE TO T	Theory constant control of the state of the	
ANTECEDENT CAUSE (S)	i Durdonal War Unknown	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	COMPANDED TO COMPANDED TO	
(C)		
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.	c Carcinoma, lt. lung with motesties 14007	
19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATIO		
	YES NO	
A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, far		
PID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	D   21F. HOW DID INJURY OCCUR?	
	1 26, 19 55 to August 31 19 55, that I last saw the deces	
22. I hereby certify that I attended the deceased from Apri.	,, , , , , , , , , , , , , , , ,	
	9.75 By from the garges and on the data stated -hans	
alive on August 31 , 19.55, and that death occurred a	t 9:15 PM, from the causes and on the date stated above. ADDRESS DATE SIGNED	
Valive on August 31 , 19.55, and that death occurred a	ADDRESS DATE SIGNED	
R. G. WILLIAMS LCDR MC USN U. S. Naval Horas, Burial, Cremation, Date thereof   Name of Cemer	ADDRESS DATE SIGNED	
R. G. WILLIAMS LCDR MC USN U. S. Naval Horada.  Burial, Cremation, Date Thereof REMOVAL (SPECIFY)	ADDRESS DATE SIGNED  MIDITAL NIME Rethesda Maryland  TERY OR CREMATORY LOCATION (City, town, or county) (St	
R. G. WILLIAMS LCDR MC USN U. S. Naval Hor	ADDRESS DATE SIGNED  MIDITAL NIME Rethesda Maryland  TERY OR CREMATORY LOCATION (City, town, or county) (St	

BECEINED

SEP 6 1955

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7847 CERTIFICATE OF DEATH Por Dia

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	):
COUNTY MONTGOMEYY MARYLAND MO	STATE MO. COUNTY MON	rgomery
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL at	nd give nearest town)
OR and give nearest town)  7 Town  Takorna  Park  28 has	TOWN S: IVEY SAVING	3-6
HOSPITAL OR	STREET (If rural give location)	Hillandale
75 STREET ADDRESS Was hing ton Sand Hosp		n Rd. 1
		Day) (Year)
(Type or Print) Edgar Benjamin	Smith DEATH: 8 - 3	1 1955
5. SEX:  6. COLOR OR  7. SINGLE, MARRIED,   8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	
RACE: WIDOWED, DIVORCED, (Specify): NA A VV. 64	17-88 66 yrs. Months D	ays Hours Min.
OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12.	
even if retired: n: of of GAO Goyer ment		Q W CY.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	W 111 C1.
Ations delag	Bertna Steve	2.10.5
S. WAS DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	3 113.
(Yes, no, or unk.) (If Yes, give war or dates	Missylvador Son & Has	Sp. Records
y es of service) W.W. None	1	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
153 X	a. t. 1.	3 deces.
IMMEDIATE CAUSE (A) THE TO	pource remarkage	Julys
ANTECEDENT CAUSE (\$)	1	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE  DUE TO	el variette	
STATING UNDERLYING CAUSE LAST.	. 1 + in + 1.	2 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	of colon meteololis. to lever	7200-0
TO THE DEATH BUT NOT RELATED TO THE	artirian lugario	11 huser
DISEASE OR CONDITION CAUSING DEATH.	N	20. AUTOPSY?
		YES NO NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fac	etory. 21c. WHERE DID (City or town) (Count	y) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	, etc. INJURY OCCUR?	, (5555)
(IF EITHER, NOTIFY MEDICAL EXAMINER)   21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	D   21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work		
22. I hereby certify that I attended the deceased from augus	2 1053 to 1149 3/ 1955 that I last	saw the deceased
// /		
alive on Chaghat 30, 1955, and that death occurred at		TO CECATION - A ME
3 1171 = 3.0	1. D. 8237 George Core - Silver Service	Mening and 36
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY   LOCATION (City, town, or	
Burnal (Secify) 9-2-55 Onl. not	ional Cumilius Cel. Virging	por Langue

SEP 2 1855 SEP 2 1855

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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4.8	Ke	g.	D.	ist.

### DEATH No. 216 CERTIFICATE MEDICAL EXAMINER'S OF

rrect	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 216
00	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
The	Till to man and	la la la	L
bly	COUNTY		daire perset (ava)
fully. The legibly.	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give peares fown) TOWN LENGTH OF STAY	TOWN Ja Hurs Durg	X X X X X X X X X X X X X X X X X X X
n carefully. y and legibl	HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Asspiral	STREET ADDRESS Poute (If rural, give location)	/
information leath clearly	3. NAME OF DECEASED: (Type or Print) Cohn Thomas Smith	(Last)  4. DATE (Month) (Ds OF DEATH  (Last)	3 (Year) 19 55
f infordeath	5. SEX:   6. COLOR OR RACE:   7. SINGLE, MARRIED, 8. DAT WIDOWED, DIVORCED, (Specify):   Married   1. Specify   1. Specify	E OF BIRTH: 9. AGE last birthday: PUNDER I	YEAR IF UNDER 24 HRS. Days Hours Min.
41.0	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	R 11. BIRTHPLACE (State or foreign country): 1	COUNTRY?
y every item o	13. FATHER'S NAME: Smidh	14. MOTHER'S WIDEN NAME:	
Supply eve write the	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) (15. Social Security No.: 15.	Melvin W. Smith Jon.	
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	Cal Certification	INTERVAL BETWEEN ONSET AND DEATH
, first	DUE TO	Clauses	Jurau.
UNFADING Physicians:	Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause DUE TO	<b>7</b>	5 yns .
YSi	stating underlying cause last (c)		
Ph.	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
WITE	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes \( \subseteq \text{No } \sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}
LY, WITH important.	21s. EXTERNAL CAUSE WAS PRIMARY  or CONTRIBUTING  of street, office bldg., etc. CAUSE OF DEATH.	y, 21c. (City or town) (County)	(State)
E PLAIN especially	2Id. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED While at Not while INJURY M, work □ at work □	21f. HOW DID INJURY OCCUR?	
PL	22. I hereby certify that I took charge of the remains descri	ibed above, held an Autopsy 🗌, Inspection 🗟	I, Inquiry , and
E es	find that death resulted from: Natural causes Z, Acci	ident [], Suicide [], Homicide [], Undet	ermined cause [].
WRITE ge is es	SIGNATURE Bushaut Bushaut	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	8-3-55
SE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or	county) (State)
PLEA	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24 FUNERAL DIRECTOR	ADDRESS
	UNITED TOWNS IN THE THEORY		my

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

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BUREAU V. S.

VS. A15

### 07953 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7949	CERTIFICATE	OF	DEATH
------	-------------	----	-------

INSTITUTION OR STREET ADDRESS  3. NAME OF DECEASED: (First) (Middle) (Last) 4. DATE (Month OF DECEASED: (Type or Print) (Middle) (DEATH: OF DEATH:	countyoutran
DECEASED: (Type or Print)  5. SEX:   S. COLOR OR   7. SINGLE, MARRIED.   8. DATE OF BIRTH:   9. AGE last birthday: 1	
Male Whit (Specify) married Muly ( 1875 80 Frs.	IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.  Atry):   12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:  14. MOTHER'S MAIDEN NAME:  15 WAS DECRASED EVER IN U.S. ARTIED FORCES?  (Yes, no, or unk.) (If Yes, give war or dates of service)  2/2-11439 Mio Celia C Soundie	Sharklan CV.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  (c)	Interval Between Onset And Desth Hypans 10 year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION: 1 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) INJURY (COUNT OWN)	Yes No No
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While NJURY OCCUR?  While at Work At Work	nat I last saw the deceased
alive on Aug. 16, 1955, and that death occurred at 3 Manfrom the causes and on SIGNATURE (Degree or title) ADDRESS  BURIAL, CREMATION, DATE THEREOF NAME OF CENETERY OR CREMATORY LOCATION (City, DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  REGISTRAR  24 FUNERAL DIRECTOR	the date stated above.  DATE SIGNED  . aug. 12, J J



212 - 124 Mayor Strang Davis of Por

MEDICAL

# 7950 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07954 Reg. Dist.

EXAMINER'S

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MONTAMEN MARYLAND	STATE Med COUNTY Monte	
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits write RURAL and	7
TOWN (in this place)	TOWN Colvers Spanny	56
HOSPITAL OR	STREET ((I rural, give location)	1
STREET ADDRESS /4/3 / Shingwood	ADDRESS 16/3 N. Struggers of	Dr
3. NAME OF DECEASED: (First) (Middle)	(Last) 4. DATE (Month) (Day	
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE	Parke DEATH lung 30	1955
RACE: WIDOWED, DIVORCED, (Specify): manual	E OF BIRTH:  9. AGE last birthday: TP UNDER 1 Y  Montha Da  yrs. Montha Da	
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of work life, 1NDUSTRY:	R 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WILAT
even if retired): housewife	Wash. DC	USG
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Maneis & Brohard	homen Wise	
15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	A .
service)	New Sauls (husband) Sauce	a len 2
	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	,	ONSET AND DEATH
Immediate cause (a) Cerebral Va	scilar accident	5 how
DUE TO	The state of the s	1
Antecedent cause(s)		
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO		
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
		Yes No No
21a. EXTERNAL CAUSE WAS   PLACE (Home, farm, factory   PRIMARY   or CONTRIBUTING   OF street, office bldg., etc. INJURY   INJURY   OF STREET,	, 21c. (City or town) (County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while	21f. HOW DID INJURY OCCUR?	
INJURY M. work at work		
22. I hereby certify that I took charge of the remains describ		
find that death resulted from: Natural causes 🗵, Accid		
SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
Shund I droschart	M. D. ASSISTANT MEDICAL EXAM.	8-31-27.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	as Washington	unty) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG-1-55 Trances Ofter	Rams Funeral Itome	
	4748- Wio are-n. W.V	Vach. DC.

CERTIFICATE

OF

DEATH

BUREAU V. S.

SSE 7 1955

BECEINED

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE,

ATH

. Th	7951 CERTIFICATE	OF DE
fully.	1. PLACE OF DEATH:	2. USUAL RE
rel	COUNTY NON TOMERY MARYLAND	STATE
le sa	CITY (If outside corporate limits write RUBAL) I FNGTH OF STAY	CITY(If out

(Specify)

USUAL	RESIDENCE	(HOME)	OF D	ECEASE	D:	,		
	mod			Th	2	11	12 10-	
STATE	1//0	· COL	YTAL	1/10	1/1	191	ome	16
CITY(If	outside corpor	ate limits,	write ]	RURAL	and	give	nearest	town
OR	11/		11			/		. /
TOWN	6110	W 111	//	-				

(in this place) and give nearest town?

(Middle)

108. KIND OF BUSINESS

OR INDUSTRY:

18. MEDICAL CERTIFICATION

(If rural give location) STREET ADDRESS

OF

(Day) 4. DATE (Month) (Year)

Reg. Dist. No.

STREET ADDRESS (First) NAME OF DECEASED

IOA. USUAL OCCUPATION (Give kind of

(Type or Print) SINGLE, MARRIED COLOR OR WIDOWED, DIVORCED RACE:

OF BIRTH: DATE

(Last)

T

DEATH 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRS Mouths Days Hours VYS

(State or foreign country): |12. CITIZEN OF WHAT

work done during, most of working life, even if retired)

8.

14. MOTHER'S MAIDEN NAME

13. FATHER'S NAME

OR

TOWN

HOSPITAL OR

INSTITUTION OR

information

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16. SOCIAL SECURITY NO. IS, WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, graunk.) (If Yes, give war or dates

INFORMANT & ADDRESS:

BIRTHPLACE

COUNTRY?

I DISEASES OR CONDITIONS DIRECTLY LEADING

(A) DUE TO

(B)

AND DEATH

IMMEDIATE CAUSE ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

of service)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH MAJOR FINDINGS OF OPERATION 19B.

20. AUTOPSY? NO T

ACCIDENT WAS UNDERLYING

19A. DATE OF OPERATION:

- Carcumenna TECLOWILL

218. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.

21c. WHERE DID (City or town) INJURY OCCUR?

(County) (State)

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E INJURY OCCURRED While Not while at work at work

21F. HOW DID INJURY OCCUR?

1950, that I last saw the deceased 22. I hereby certify that, I attended the deceased from 50AM, from the causes and on the date stated above. , and that death occurred at alive on . 0

SIGNATURE 23. BURIAL, CREMATION.

M. D

ADDRESS NAME OF CEMETERY OR CREMATORY

(City, town, or county) LOCATION

(State)

REMOVAL (SPECIFY) DATE REC'D BY LOCAL

REGISTRAR

DATE THEREOF

GISTRAR'S

SIGNATURE

DATE SIGNED

2 0 国 53 p. TY SE V 国

SECEIVED ASS

BUREAU K. E.

### MARYLAND STATE DEPARTMENT OF HEALTH

Herrel 7952

2411 N. Charles Street, Baltimore

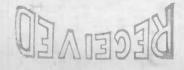
### CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

A NO. 101	I S TIGHTAL DECIDENCE (HOME) OF DECIMALED	
1. PLACE OF DEATH. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Maryland Montgon.	erv
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv.	
X TOWN give neares cown vy Chase (in this place)	TOWN Chevy Chase	Y
HOSPITAL OR	STREET (If rural, give location)	7
INSTITUTION OR 4819 Dorset Ave.	ADDRESS 4819 Dorset Ave.	
3. NAME OF (First) (Middle) DECEASED ANDREW WILBUR ST	ARRATT 4. DATE (Month) OF DEATH Aug. 13	(Day) (Year) . 19 55
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	1 8. DATE OF BIRTH 1 9. AGE last birthday If under 1	vear ilf under 24 hrs.
Male White WIDOWED BLYGRCED, (Special ried)	Oct. 3, 1976   78 yrs.   Months	Day Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. Kentucky	CITIZEN OF WHAT
Ret. Accountant U.S. Govt.	14. MOTHER'S MAIDEN NAME	05
Charles Starratt		
AF W Decrease From In IV. Annua Poncus? 1 16 Course Speciminy No.	Marian Spalding 17. INFORMANT AND ADDRESS	
(Yes, no, Property of legretic)	Carrie P. Starratt- Item # 2	
18. MEDICAL CE		
		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
100h was dear ochrece	noma-colon	181403
Immediate cause (a) LOCAL G. COLOR		
Antecedent cause(s)		
Diseases or conditions, if any, (b)giving rise to the above cause	3 C C C C C C C C C C C C C C C C C C C	** 04 04 04 04 00 0 da durá 0 04 00 00 00 00 00 00 00 00 00 00 00 0
stating the underlying cause last		
(c)		<u></u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSYT
Mar. 9.1954 aderes carrinown a	scende Colour.	Yes No No
21. ACCIDENT (Specify) SUICIDE HOMICIDE  SUICIDE HOMICIDE  PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF   While at Not While   INJURY   m.   Work   At work		
	2	
22. I hereby certify that I attended the deceased from Zour.	2., 195.9., tolkard, 12, 1960., that I last s	aw the deceased
alive on Ques. 12., 1956, and that death occurred at 2	36 A.m., from the causes and on the date st	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
1.1	· · · · · · · · · · · · · · · · · · ·	1 0/12.
Sedney & Consum M. J. 392,	1 Lagoryou HXXV We	100
	RY OR OKEMATORY LOCATION (City, town, or count	y) (Seater)
Burial 8-15-55 Rockville	Rockville, Md.	1000000
	. BUSERAL DISTURDED	ADDRESS
REG. 8/13/55 Besse M. Hompson	Mohen M. Turnelle Betheso	ia, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of in is especially important. Physicians: please write the causes of death MARGIN RESERVED FOR BINDING VS. A15

correct age



2361 91 DUA

BUREAU V. S.

Supply every item of information carefully. The

# MARGIN RESERVED FOR BINDING OR WRITE PLAINLY, WITH UNFADING INK. TYPE PLEASE

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. 2 16 7953 CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Montgomery Maryland	STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN Bethesda  LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5905 Aberdeen Road	STREET (If rural give location) ADDRESS 5905 Aberdeen Road
DECEASED: (Type or Print) Mary Morris SU	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: August 2 19 55
THE THE PROPERTY OF THE PROPER	of BIRTH: 9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.   19,1885   70 yrs.   5   13   Hours   Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	Virginia  11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John S. Morris	Pattie Kean
(Yes, no, or unk.) (If Yes, give war or dates of service)  13. Social Security No.  None	17. INFORMANT & ADDRESS: Mrs. Margaret S. Mill 5905 Aberdeen Rd. Beth, Md. er
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (A)  DUE TO  (B)  DUE TO  (C)	our of covery west 6 yes
TO THE DEATH BUT NOT RELATED TO THE	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N. Luce males 20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factor CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?
OF INJURY	2/
alive on	11: (5-AM, from the causes and on the date stated above.  ADDRESS DATE SIGNED  1. D. 79-2 /6 L W Wall 2  ERY OR CREMATORY   LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY)	

James

-1955

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Bethesda, Md.

Westmoreland

A15-10-53 VS.

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BUREAU V. K.

VS. A15 8-51

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7954 CERTIFICATE OF DEATH Reg. Dist. No.

214

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MONTGOMERY MARYLAND	STATE MD. COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town OR
SILVEK OFRING	TOWN TAKOMA PARK 17
HOSPITAL OR CURRAN NURSING HOME STREET ADDRESS 708 PHILA. AVE.	STREET (If rural, give location) ADDRESS 214 TULIPAVE.
3. NAME OF (First) (Middle)	
DECEASED: (Type or Print) Louis A RACHEL	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: AUG. 3, 19 55
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE	OF BIRTH:   9. AGE last birthday:   IF UNDER 1 YEAR   IF UNDER 24 ;
RACE: WIDOWED, DIVORCED, OCT.	18, 1869 85 yrs. Months Days Hours M
Work done during most of working life, even if retipme MEMAKER	Baltimare (ounter): 12. CITIZEN OF WI
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
CHARLES AKEHURST	MAMANDA DEVANS.
15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY No.:   17. (Yes, no, or unk.)  (If Yes, give war or dates of	INFORMANT & ADDRESS:
No service) — M.	es. J. C. NELLIS, 7419 MAPLE AVE, TAKOMA PARK
I8. MEDICAL C	ERTIFICATION INTERVAL BETWE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEAT
JJ2X COAPRA	1 Thomas basis 2 Do.
Immediate cause (a)	200000000000000000000000000000000000000
Antecedent cause(s)	1-1-1
Diseases or conditions, if any, (b)	Atherosclerosis 10 years
giving rise to the above cause DUE TO stating underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS.	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:	1 20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?
Die   WOLK   GO WOLK	
22. I hereby certify that I attended the deceased from July 3	19.13, to Aug. 19.5, that I last saw the deceased
alive on And 19 5 and that death occurred at	7130 P.m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE	ADDRESS . DATE SIGNE
Longes a. Koherts M.D. 890	7 Georgia Avr. Silver Spring, Ind. august 3,19
23. BURIAL CREMATION   DATE THEREOF   NAME OF CEMETER	Y OR CREMATORY   LOCATION (City, town, or county) (State)
REMOVAL (Specify): July 6-1955 (1) Due 194	& Comelin Kashing 1051 27
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. NUNERAL DIRECTOR 1 251 ( ADDROSS 2
P874/55 Hrances Voller	1. Witure 1/01/04 234 green
	- Marine Times

BUREAU V. S.

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# 7955 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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U	00.7	
Reg.	. Dist.	

No.

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Mantagery MARYLAND	STATE MA COUNTY Ments	7
CITY (If outside corporate limits, write RURAL OR and give pearest town)  CITY (If outside corporate limits, write RURAL (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9815 Collinell 202.	STREET ADDRESS G G G C C C C C C C C C C C C C C C C	22
3. NAME OF (First) (Middle) DECEASED: (Type or Print)	(Last) 4. DATE (Month) (Day) OF DEATH (Last) (Last)	(Year)
MA RACE: WIDOWED, DIVORCED, (Specify): Magazine 7-	OF BIRTH: 9. AGE last birthday: WUNDER I VE	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):		COUNTRY?
13. FATHER'S NAME:	Cora Vanyhor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	ilbul A Throfon & (son) I	tue ar
18. MEDICA	AL CERTIFICATION	Y
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Ostonary	4 4 0	1 ONSET AND DEATH
Immediate cause (a) Coron ary	occlusion	7 Usanel
DUE TO		dead in
Antecedent cause(s)		0-11
Diseases or conditions, if any, (b)		tous wing
giving rise to the above cause DUE TO stating underlying cause last		
(c)		là de la company
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		26. AUTOPSY? Yes   No
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ OF street, office bldg., etc., CAUSE OF DEATH.		(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains describ		
find that death resulted from: Natural causes , Accid	ient [], Suicide [], Homicide [], Undeterm	mined cause [].
SIGNATURE	CHIEF MEDICAL EXAMINER	DATE SIGNED
the 10 Paraly &	M. D. ASSISTANT MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	8.16.55
23. BURIAL, CRIMATION, DATE THEREOF   NAME OF CEMETER		
BURIAL Specify: AUG. 19/55 COLUMBIA GA	ARDENS CEM ARLINGTON,	VA·
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR	ADDRESS
and 11/33 Trances Joller	martin W. Hypong Bo: 13	W-W ST-W-W
	0 O W	ash. D.C.

BUREAU V. E.

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# 7956 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S OF CERTIFICATE DEATH No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Montgomery MARYLAND	STATE Maryland COUNTY Montgo	mery
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Silver Spring (In this place) 2 yrs	CITY (If outside corporate limits write RURAL and OR TOWN Silver Spring,	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2206 Dennis Avenue	STREET (If rural, give location) ADDRESS 2206 Dennis Ave.	1
	(Last) 4. DATE (Month) (Day) OF DEATH Aug. 4	(Year) 19 55
Male White Whowen Divorced, 7/2	TE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YE 30/18   9. AGE last birthday:   IF UNDER 1 YE   Montha   Day	
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS O work done during most of work life, even if retired): Automobile Salesman	Washington, D. C.	COUNTRY? U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Edgar F. Thompson	Lilla May Lusby	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, glye war or dates of Yes service) #2 579-07-1647	17. INFORMANT & ADDRESS: Mrs. Evelyn S. Thompson, 2206 Denr Silver Spring.	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a)  DUE TO  Antecedent cause(s)  Diseases or conditions, if any, (b)  giving rise to the above cause DUE TO  Stating underlying cause last (c)	clusion	INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	afetes	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes \( \text{No } \( \text{K} \)
21a. EXTERNAL CAUSE WAS   PRIMARY   or CONTRIBUTING   OF street, office bldg., etc INJURY	C.,	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while work □ at work □	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descrifted that death resulted from: Natural causes ⋈, Accisionature  Thank y Brosshout	ident   , Suicide   , Homicide   , Undetermore   , Suicide   , Homicide   , Suicide   , Suicide   , Homicide   , Suicide   , Homicide   , Undetermore   , Suicide   , Su	mined cause DATE SIGNED  S-4-55  unty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 955	Warner to Tumphery 311ver	Ga. Ave. Spring, Md.

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BUREAU V. S.

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	hornburgh		OF DEATH:	Aug.	6	1955
Female   6. COLOR OR   7. SINGLE, MARRIED WIDOWED, DIVOR (Specify) Widower	CED.	of BIRTH:	9. AGE last birthda	Months	1 YEAR Daya	Hours Min
10A. USUAL OCCUPATION (Give kind of 10B. KIND O work done during most of working life. OR IND even if retired): School Teacher -retire	USTRY:	Elyria, O	(State or foreign co	untry):   1		ZEN OF WHA
13. FATHER'S NAME:		14. MOTHER'S N	MAIDEN NAME:			
Xenophen Peck		Mary Lise	comb			
(Yes, no, or unk.) (If Yes, give war or dates of service)	SECURITY NO.	Mr. John J	a ADDRESS: Thornburg, Silv	1626 er <b>S</b> pr	Oakv	iew Drive
I DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH  Melasta	+ 1	enoma of	Live	INT	ERVAL BETWEE
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	& Meses Site	Meric Nos	les- Presteurnes	man.	7	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	NG					
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS	OF OPERATION	N				AUTOPSY
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Home, farm, fac- street, office bldg.,		DID (City or town JR?	) (Co	unty)	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJU OF INJURY M. at work	Not while at work	21F. HOW DID	INJURY OCCUR?			
22. I hereby certify that I attended the decease alive on Lug 5, 1955, and that dea SIGNATURE	th occurred at	8:558.M, from 1	the causes and or	n the dat		ed above.

BUREAU V. S.

The state of the s

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	y. The	7957 CERTIFICATE O	F DEATH Reg. Dist.	. No. 2/4
	ull;	1. PLACE OF DEATH: 2. U	USUAL RESIDENCE (HOME) OF DECEASED	D:
M 2	nformation carefully.	CITY (If outside corporate limits, write RURAL OR and give nearest town)  Silver Spring  OR Silver Spring  OR OR SILVER Spring  OR O	STATE Maryland COUNTY Montge CITY(If outside corporate limits, write RURAL a OR TOWN Silver Spring STREET (If rural give location) ADDRESS 2101 Parker Ave.	
	item of information of death clearly and		05	19 -
		Femald white (Specify): widowed 4/29/91		mys Hours Min.
ING	y every	occupation (Give kind of 108. KIND OF BUSINESS 11. E work done during most of working life. OR INDUSTRY: even if retired): Retired, City Post Office		CITIZEN OF WHA
BINDIN	Supply te the c	o. b. dovernment	Annie H. Kinnard	
FOR BI	INK. Su se write	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	informant & address:  Lester L. Hillman	m Marriland
RESERVED F	ADING I	18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  48/X	l Parker Ave., Silver Sprin	INTERVAL BETWEE!
	UNF	ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY. (B)	avy edema	4 low
MARGIN	WITH nt. Phys	STATING UNDERLYING CAUSE LAST.  (C) hy previouse	Du 280/120 plookes	
MA	VLY, porta	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
	PLAIN	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
I)	TE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, or contributing Cause of Death (IF either, notify medical examiner) 21B. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)	21c, WHERE DID (City or town) (Count INJURY OCCUR?	(State)
	S &	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21 OF INJURY M. at work at work	IF. HOW DID INJURY OCCUR?	
	E OR	22. I hereby certify that I attended the deceased from Januar 1.,		
10 - 5	TYPE rrect a	alive on ang 11, 1955, and that death occurred at 10.36 SIGNATURE		stated above. re signed
V15 —	EASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF	Cemetery   Location (City, town, or Arlington, Vir	
4				

BUREAU V. S.

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## 7958 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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### CERTIFICATE DEATH No.2 17 MEDICAL **EXAMINER'S** OF

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MATTERONICE MARYLAND	STATE W. VIRGINICOUNTY Condular	
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN  LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN ORCO RECO	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mails Co. Gen. Hosp	STREET ADDRESS (1f rural, give location)	
3. NAME OF (First) (Middle)  DECEASED: (Type or Print)	(Last)  4. DATE (Month) (Day) (Year)  OF DEATH August 19 19 6 5	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify):	OF BIRTH: 9. AGE last birthdey: IF UNDER 1 YEAR IF UNDER 24 HRS.      -	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): 10b. KIND OF BUSINESS OF INDUSTRY:	Re her ba country?	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Asa vance	flore ce //orral	
(Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
12000000	T CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  9/0.3 Immediate cause  (a) Massey Believed hemothory  Interval Between Onset and Death		
Antecedent cause(s) Diseases or conditions, if any, DISEASES OF CONDITION OF THE TOP OF		
stating underlying cause last (c) freeze to the above cause (c) freeze (folling tree) 10 see		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes № No □	
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF street, office bldg., etc. INJURY	Nr Clartorille Many Co. mol	
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while in work 22 at work 22	Struck by Jelling true	
22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .		
SIGNATURE CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER		
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)		
DATE BECOME AND A REGISTRAR'S SIGNATURE	124. FUNERAL DIRECTOR ADDRESS	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG 2-20-5 Verturde B Lawles	Robert a Remphisy,	
7557 - Mestanta Edite.		

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BUREAU V. S.

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27	3	J			

07964 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 2/2
					13 Un (W. /

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MARYLAND	STATE TO COUNTY	
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY OR and give meanest town)  TOWN  LENGTH OF STAY (in this piace)	CITY (If outside corporate limits write BURAL and OR TOWN	give nearest town)
HOSPITAL OR	STREET (If roral, give location)	4/1
INSTITUTION OR CSTREET ADDRESS	ADDRESS 4/// January	St. N. W. 1
3. NAME OF (First) (Middle) DECEASED: (Type or Print)	(Last) 4. DATE (Month) (Day OF DEATH	19 5 5
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	E OF BIRTH: 9. AGE last birthday: FUNDER I Y	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WILAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	- 7
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.; (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: 7500	
11 11 12		9
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) DUE TO	occlusion	Dudden
Antecedent cause(s)		
Diseases or conditions, if any, (b)		***************************************
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
PRIMARY ☐ or CONTRIBUTING ☐ OF street, office bldg., etc. INJURY		(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes , Accid	dent □, Suicide □, Homicide □, Undeter	, Inquiry , and mined cause DATE SIGNED
tend Breschart	M. D. DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	8-13-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify):	Il Walnuite, la	) ( -
DATE REC'D BY LOCALY REGISTRAR'S SIGNATURE REG. 8/14/55 Charles W. Elgin pray.	24. FUNERAL DIRECTOR B. Julia	ADDRESS
	Barn	evolle, md.

BUREAU V. &

VNG 16 1955

BECEINED

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1807965 7960 CERTIFICATE OF DEATH

PORMLE   CAUGASIAN   COPENTION   Copental	*500 CERTIFICATE	Reg. Dist. No.	
OR and give nearest town) So these Rural  I day  Town Mashington, D. C.  ATREET  ADDRESS  TOWN Mashington, D. C.  ADDRESS  T	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
OR and give nearest town) So these Rural  I day  Town Mashington, D. C.  ATREET  ADDRESS  TOWN Mashington, D. C.  ADDRESS  T	COUNTY Montgomery MARYLAND	STATE District of Columbia	
TOWN Bethesda Rural 1 day Town Washington, D. C. 47%-3  Hospital OR STREET ADDRESS U. S. Naval Hospital Street Address (Middle) (Last) 109 Vernon Street, N.W.  3. NAME OF (Pirst) DECASED: (N) WASHINGTON DEATH August 22 1955 SEX: (Middle) (Last) 4. DATE (Month) (Day) (Year) DECASED: (Type or Print) ROSemary (N) WASHINGTON DEATH August 22 1955 SEX: (Middle) (Last) 9. DATE (Middle) (Last) 19. AGE Last birthday in were year in yourse in the following in the followi	CITY (If outside corporate limits, write RURAL  LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give neares	st town)
HOSPITAL OR INSTITUTION OF INSTITUTI		TOWN Washington, D. C. 47x-	3
S. NAME CF		STREET (If rural give location)	
DECEASED: (Type or Print)  Sex:  G. COLOR OR   7. SINGLE, MARRIED, RACE: Female Caugasian   Wijdowed, Divorced, Race: Receiver in Caugasian   108, Kind of Busin's   Gaugasian   108, Kind of B			/
Type or Print   ROSEMBRY			ar)
Female   Caucasian   Caucasi	(Type or Print) Rosemary (N) WASHIN	NGTON DEATH: August 22 19	55
work done during most of working life, even if retired): Housewife  13. FATHER'S NAME:  Dischasse Even in U.S. Armed Forcest (Yes, no, or unk.) Iff Yes, give war or dates (Unknown Same as above)  14. WAS DECEASED EVEN IN U.S. Armed Forcest (Yes, no, or unk.) Iff Yes, give war or dates (Unknown Same as above)  15. MEDICAL CERTIFICATION  1 DISCASES OR CONDITIONS DIRECTLY LEADING TO DEATH  24 / X  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DUE TO  DISCASES OR CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST  TO THE DEATH BUT NOT RELATED TO THE  DISCASE OR CONDITION CAUSE LAST  193. DATE OF OPERATION:  194. DATE OF OPERATION:  195. MAJOR FINDINGS OF OPERATION  20. AUTOPSY  VEST NO  21. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidge, etc.  18. INJURY OCCUR?  19. DATE OF OPERATION:  19. MAJOR FINDINGS OF OPERATION  20. AUTOPSY  VEST NO  21. TIME (Month) (Day) (Year) (Hour)  M. While Not while Street of the deceased from Aug 21. 19.55, to Aug 22. 19.55, that I last saw the deceased live on Aug 22. 19.55, and that death occurred at 11:56 M, from the causes and on the date stated above.  ADDRESS  DATE SIGNATURE  Alice SHEPPARD  11. MOTHER'S MAIDEN NAME:  Alice SHEPPARD  17. INFORMANT & ADDRESS  ADDRESS  CASHINGTON  INTERVAL BETW. ONSET AND DE.  VINCOUNT ONSET A	RACE: WIDOWED DIVORCED	Months   Days   Hours	Min.
13. FATHER'S NAME:  Digene GALTPAU  II. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yee, no, or unk.) (If Yee, give war or dates) (INCHANCE) (IT Yee, give war or dates) (INCHANCE) (IT Yee, give war or dates) (INCHANCE) (IT Yee, give war or dates) (INCHANCE) (INCHANCE) (IT Yee, give war or dates) (IT YEE, give war or dates) (INCHANCE) (IT YEE, give war or dates) (IT YEE, give war or dat	work done during most of working life OR INDUSTRY	COUNTRY?	WHAT
17. INFORMANT & ADDRESS:  (Yes, no, or unk.) (If Yes, give war or dates)  18. MEDICAL CERTIFICATION  19. MEDICAL CERTIFICATION  19. MEDICAL CERTIFICATION  10. STATUS  ANTECEDENT CAUSE  ANTECEDENT CAUSE  ANTECEDENT CAUSE  ANTECEDENT CAUSE  ANTECEDENT CAUSE  STATING UNDERLYING  19. MAJOR FINDINGS OF OPERATION  19. MAJOR FINDINGS OF OPERATION  19. MAJOR FINDINGS OF OPERATION  20. AUTOPS)  193. DATE OF OPERATION:  194. MAJOR FINDINGS OF OPERATION  21. ACCIDENT WAS UNDERLYING  195. MAJOR FINDINGS OF OPERATION  21. ACCIDENT WAS UNDERLYING  21. ACCIDENT WAS UNDERLYING  21. THE (Month) (Day) (Year) (Hour)  While  Not while  SIGNATURE  22. 19.55, and that death occurred at 11.56 M, from the causes and on the date stated above. BADRESS  32. FUNDING CAUSE AS THE CAUSE  SIGNATURE  ANDRESS  33. BURIAL. CREMATION. DATE THEREOF  NAME OF CEMETERY OR CREMATORY  LINCOLN SULPRESS  ANDRESS  ASPALL AND IN THE CAUSE OF DATE OF CAMERATORY  ANDRESS  C. I. PLITMAN IN MC USNRU. S. Naval Hospinas, Name, Address  BURIAL. CREMATION. DATE THEREOF  NAME OF CEMETERY OR CREMATORY  LOCATION (City, town, or county)  NAME OF CEMETERY OR CREMATORY  LOCATION (City, town, or county)  SERVING ANDRESS  ADDRESS  A		14. MOTHER'S MAIDEN NAME:	
(Yes, no, or unk.) of service)  18. MEDICAL CERTIFICATION  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH,  1 DISEASES OR CONDITIONS, IF ANY  1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  1 OTHER SIGNIFICANT CONDITION CONTRIBUTING  2 ON AUTOPSY  1 OTHER SIGNIFICANT  2 ON AUTOPSY  2	Sugene GALIPEAU	Alice SHEPPARD	
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  241	(Yes, no, or unk.) (If Yes, give war or dates	Husband James E. WASHINGTON	
20. AUTOPS' YES NO  21A. ACCIDENT WAS UNDERLYING OF PEATH OF INJURY Street, office bldg., etc. OF INJURY Street, office bldg., etc. OF INJURY OCCUR?  21B. PLACE (Home, farm, factory, or county) OF INJURY Street, office bldg., etc. OF INJURY OCCUR?  21c. WHERE DID (City or town) (County) (State) OF INJURY OCCUR?  21d. How DID INJURY OCCUR?  21d. How DID INJURY OCCUR?  22d., 19.55, that I last saw the decease alive on Augustus of the date stated above. SIGNATURE  32d., 19.55, that I last saw the decease alive on Augustus of the date stated above. SIGNATURE  32d., 19.55, and that death occurred at 11:56PM, from the causes and on the date stated above. DATE SIGNED  32d. I. PLITMAN LT MC USN RU. S. Naval Hospitad., NAMC. Bethesda, Maryland DATE REGISTRAR'S SIGNATURE  24d. FUNERAL DIRECTOR DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE DATE REGISTRAR'S SIGNATURE DATE REGISTRAR'S SIGNATURE DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE DATE PLOCAL REGISTRAR'S SIGNATURE DATE SIGNATURE SIGNATURE DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE SIGNATURE DATE SIGNATURE SIG	ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Cisthmaticus 2 das ial asthma 21 y	ye rs.
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., etc.   10 County   10		to sterious with	wun
22. I hereby certify that I attended the deceased from Aug 21., 1955, to Aug 22., 1955, that I last saw the deceased live on Aug 22., 1955, and that death occurred at 1:56RM, from the causes and on the date stated above.  3. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  Burial 8-26-55 Lincoln Memorial Cemetery Suitland, Maryland  DATE RECID BY LOCAL RECISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS  DATE SIGNATURE 3. SIGNATURE 24. FUNERAL DIRECTOR ADDRESS  DATE SIGNATURE 3. SIGNATUR		YES AUTO	
OF INJURY  M. While at work at work 21, 1955, to Aug 22, 1955, that I last saw the decease alive on Aug 22, 1955, and that death occurred at 11:56 M, from the causes and on the date stated above.  ADDRESS DATE SIGNED  G. I. PLITMAN LT MC USN RU. S. Naval Hospinas. NNMC Bethesda Maryland  PREMOVAL (SPECIFY) Burial  DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State of the county) Address Signature Signa	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facts OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, etc.   21c. WHERE DID (City or town) (County) (State of County)	ate)
alive on Aug 22 19.55, and that death occurred at 11:56 M, from the causes and on the date stated above.  ADDRESS DATE SIGNED  G. I. PLITMAN LT MC USNRU. S. Naval Hospinas. NAMC Bethesda Maryland  PART SIGNED  ADDRESS DATE SIGNATURE  NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State of the county) Removal (specify) Burial  DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE Jaryls Funeral Home	OF INJURY While Not while	21F. HOW DID INJURY OCCUR?	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REGISTRAR Jarvis Funeral Home	alive on Aug 22 19.55, and that death occurred at signature of the signatu	11:56PM, from the causes and on the date stated above ADDRESS  DATE SIGNED  ADDRESS  ADDRESS  DATE SIGNED  ADDRESS  LOCATION (City, town, or county)	
	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	,

MAKENTAND ANAME WAS ANAMED TO THE PROPERTY OF A STATE O

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# VS. A15A - 5 - 53

MARYLAN	D STATE	DEPARTMEN	NT OF	HEALTH-	-BALTI	MORE,	18	U &	Ŕ
EDICAL	EXAM	INER'S	CEL	RTIFIC	ATE	OF	DEAT	H	N

1	7961				07000
MARYLA	ND STATE DE	PARTMENT OF	HEALTH—BAL	TIMORE, 18	Reg. Dist.
MEDICAL	EXAMIN	ER'S CER	TIFICATE	OF DEA	TH No. 214
1. PLACE OF DEATH:			2. USUAL RESIDENCE	CE (HOME) OF DECEAS	ED:
COUNTY Montg	omery	MARYLAND	STATE Mary	land county	Montgomery
CITY (If outside corpora OR and give nearest t TOWN Silver S	te limits, write RURA pwn) pring	LENGTH OF STAY (in this place)	OR	corporate limits write RU er Spring	RAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1	2,120 Colesvi	ille Road	STREET ADDRESS 12	(If rural, give l ,120 Colesville	
3. NAME OF DECEASED:	First)	(Middie)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) W	ALTER JOHN WE			DEATH AUGUS	
SEX:   6. COLOR RACE: White	e WIDOW (Specify)	ED, DIVORCED Jan	1. 1, 1881		unoer 1 year   IF unoer 24 Hrs. onths   Days   Hours   Min.
10a. USUAL OCCUPATION work done during mo even if retired): Se	Give kind of 10 st of work life, TVice Station	b. KIND OF BUSINESS O INDUSTRY: 1 Attendent	Albany,	(State or foreign counts New York	Ty): 12. CITIZEN OF WHAT U.S.A.
13. FATHER'S NAME:			14. MOTHER'S MAIL	DEN NAME:	
George Thoma			Maria :	Lulum	
15. WAS DECEASED EVER IN (Yes, no, or unk.) (If Yes, service)	give war or dates of	6. SOCIAL SECURITY No.: 163-05-9337-A	17. INFORMANT & A	a Weaver, 12,12	Colesville Rd.
I. DISEASES OR CONDITE  42.4 Immediate cause  Antecedent cause( Diseases or conditions, giving rise to the about the	(a) DUE TO  S) if any, (b) Office cause DUE TO		al certification  failure  would de		INTERVAL BETWEEN ONSET AND DEATH The dead
II. OTHER SIGNIFICANT TO THE DEATH BU DISEASE OR CONDIT	CONDITIONS CONTR T NOT RELATED				
19a. DATE OF OPERATIO	N: 19b. MAJOR FIN	NDING OF OPERATION:			20. AUTOPSY? Yes No
PRIMARY ☐ or CONTRICAUSE OF DEATH.	VAS BUTING   21b. PL OF IN	ACE (Home, farm, factory street, office bldg., etc JURY	-,		(State)
21d. TIME (Month) (Day) OF INJURY		e. INJURY OCCURRED While at Not while work  at work	21f. HOW DID IN	JURY OCCUR?	
find that death resignature	sulted from: Nat	ural causes [], Acci	dent [], Suicide [ CHIEF DEPUT		09-1-55
REMOVAL (Specify) Cremation  DATE REC'D BY LOCAL REG.  7-6-5	9/2/55 L REGISTRAR'S SI	Ft. Lincoln ( GNATURE)  CS Coller	Crematory 24. FUNERAL DIR Warner & Ten	ECTOR 82	ge County, Md. 34 Ga. AAPDRESS Lver Spring, Md.

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VS. A15A - 5 - 53

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MINDICAL MANIMUM O CHILIFICITIES OF DEATH N	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No.
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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Montgomery Maryland	state Maryland county Montgomery
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITY (If outside corporate limits write RURAL and give nearest town)
OR and give nearest town) (in this place) TOWN Rockville life	TOWN Rockville 36
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS Shady Grove Road	ADDRESS Shady Grove Road
3. NAME OF (First) (Middle) DECEASED: LOCK DU LIDTON	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) JUSEFR UFIUN	WEST DEATH Aug. 23 19 55
DACE WIDOWED DIVODOED	E OF BIRTH:  9. AGE last birthday: IF UNDER 1 YEAR   IF UNDER 24 HRS.  Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): NONE	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Maryland U.S.
13 FATHER'S NAME.	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.;	17. INFORMANT & ADDRESS: Frank I Wost - son
(Yes, no, or unk.) (If Yes, give war or dates of no Unknown	Rt.2, Shady Grove Rd, Rockville, Md.
Immediate cause  DUE TO  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause  Stating underlying cause last TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	in ted.
19a, DATE OF OPERATION:   19b. MAJOR FINDING OF OPERATION:	
138. DATE OF OFERATION: 138. MAJOR FINDING OF OTERATION.	20. AUTOPSY? Yes □ No ☒
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc CAUSE OF DEATH.	(County) (State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work M. at work M.	21f. HOW DID INJURY OCCUR?
find that death resulted from: Natural causes Accisionature    Dischart	bed above, held an Autopsy , Inspection , Inquiry , and dent , Suicide , Homicide , Undetermined cause .  CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER B-23-J-1  RY OR CREMATORY LOCATION (City, town, or county) (State)  k Cemetery Montgomery Md.  24 FUNERAL DIRECTOR ADDRESS  LOCATION (Location (Locatio
101	

9961

MARGIN RESERVED FOR BINDING

2/85274 VS. A15-10

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07968 7962 CERTIFICATE OF DEATH / Reg. Dist. No.

Stem 3 4	fre (2772-10/5/16/0000.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND	STATE District of Colymbia
CITY (If outside corporate limits, write RURAL (in this place)  TOWN Bethesda Rural 5 days	
HOSPITAL OR SINSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET (If rural give location) ADDRESS 5730 Southern Avenue, S. E.
3. NAME OF DECEASED: (Type or Print) WHI	(Last) 4. DATE (Month) (Day) (Year)
	9. AGE last birthday   1 F UNDER 1 YEAR   1 F UNDER 24 HRO.  Months   Days   Hours   Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Maryland  U. S.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Isacc (N) WHITE	Parbara A WIMPUSH
15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service)  None	17. INFORMANT & ADDRESS: Mother Rarbara A. WHITE Same as above
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	-a lunty
DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	ON 20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of the contributing Cause of Death Of Injury street, office bldg (if either, notify medical examiner)	actory, 21c. WHERE DID (City or town) (County) (State) g., etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	ED 21F. HOW DID INJURY OCCUR?
alive on 18 Aug 19 55 and that death occurred a SIGNATURE George J. Magnant U.S. Naval	13, 19 55, to Aug. 18, 19 55, that I last saw the deceased at 2:35P M, from the causes and on the date stated above.  ADDRESS  MOPDITAL NAMC Bethesda Maryland TERY OR CREMATORY LOCATION (City, town; or county)  Cemetery  Prince George Co, Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS BOYD FUNERAL HOME 1238 20th St, N.W. Washington, D.C.

DECEIVED 1955

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

information carefully. The

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()7969

7963

#### CERTIFICATE OF DEATH

Reg. Dist. No. 215

- 0 0 0	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Montgomery Maryland	STATENORTH Carolingunty
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest to
X TOWN Bethesda Rural 47 days	STREET (If rural give location)
institution or 5/street address U. S. Naval Hospital	ADDRESS 713 Camp Knox Trailer Park
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) Karynn Louise W	IDNER DEATH:August 15 19 55
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED, DIVORCED. White Specify Single 11-14	OF BIRTH: 9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 H   Hours   M
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):  OR INDUSTRY:	n. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WE COUNTRY?  North Carolina U. S.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Dale WIDNER	Penelope BRINCOLF
15. WAS DECEASED EVER IN U.S. ARMEO FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service)  None	17. INFORMANT & ADDRESS: Father Dale WIDNER Same as above
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	diac Urrest, postoperative 1 hour poxia tralogy of Fallot 20 mos
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
8-15-55 Tetrology of	Fallot 20. AUTOPSY YES NO
21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Mome, farm, fa OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory, 21c. WHERE DID (City or town) (County) (State) ., etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	D 21F. HOW DID INJURY OCCUR?
SIGNAUPI LAUTT )	t 2:00PM, from the causes and on the date stated above.  ADDRESS  DATE SIGNED
M. I AABOUT OR. LY THE USK U. S. NAVAI HO M. BURIAL, CREMATION, DATE THEREOF NAME OF CEME REMOVAL (SPECIFY) Burial Transit  8-21-55	rery or Crematory   Location (City, town, or county) (Standard   Portland, Oregon
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 8-16-55	R. A. Funeral Director Address R. A. Fumphrey Funeral Home 7557 Wisconsin Avenue, Bethesda, Md.

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DECENTED

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7349 CERTII

#### CERTIFICATE OF DEATH

Reg. Dist. No. 223

67970

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY // WY MARYLAND	STATE // COUNTY //MIGON	4
CITY (If outside corporate limits, write RURAL LENGTH OF STAY and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and give ner	arest town)
OR and give nearest town) Park (in this place)	OR TOWN Jakoma Park	17
HOSPITAL OR	STREET (If rural give location)	
INSTITUTION OR 7300 Cedar EVENUE	ADDRESS 7300 Cedar apenue	
DECEASED: (Type or Print) Mattie K/ WI	MIgns OF DEATH: aug. 19,	(Year)
The state of the s	run 25, 1872 82 yrs. Months Days Hour	
Work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country): 12. CITIZEN COUNTRY	OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Rev. Charles T. Kinicannon	Comma bole	
(Yes, no, or unk.) (If Yes, give war or dates of service)	amelia W. Burrayks, 7300 Cedar ak.	T.P.Md
18. MEDICAL CERTIFICAT		BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET A	ND DEATH
IMMEDIATE CAUSE (A) CEYPDY	cal hramphasis 1	Nas.
DUE TO	-11 110000000	and
ANTECEDENT CAUSE (S)	1 Axdonas salavisi	
GIVING RISE TO THE ABOVE CAUSE	1 Winelegzelekezie 2	1182
STATING UNDERLYING CAUSE LAST.		7
260 X) (c)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	bedes Mellitus	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AL	JTOPSY?
	YES	но 🗌
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		(State)
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Ja	1. , 1950 to dua 19 19 ST, that I last saw the	deceased
alive on Aus 17, 1955, and that death occurred at	M, from the causes and on the date stated ab	
0 2 747	1.D. 5516 Neb, Ave DC. 8-19	7-55
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETI REMOVAL (SPECIFY) Cluy 22. 1955 SLINWOOD	ERY OR CREMATORY LOCATION (City, town, or county)	N.State)
DATE REC'D BY LOCAL REGISTRAR'S STISNATURE	24. FUNERAL DIRECTOR ADDRES	



VS. A15-10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

The

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07971 7859 CERTIFICATE OF DEATH Reg. Dist. No. 2.2

Reg. Dist. No. 223

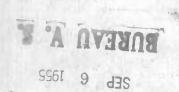
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
county lontgolery MARYLAND	STATE D. C. COUNTY		
CITY (If outside corporate limits, write RURAL on and give nearest town)  Town Talona Pari.	CITY(If outside corporate limits, write RURAL and OR TOWN, D. C.	d give nearest town	
HOSPITAL OR Wash. San. & Hosp. 75 STREET ADDRESS Garroll Ave.	STREET (If rural give location) ADDRESS 720 - 3901 50., I.J.	1	
	0=	uy) (Year)	
	DEATH: 444.	19 55	
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED.   8. DATE   WIDOWED. DIVORCED,   (Specify): nepriod   11-	OF BIRTH:  9. AGE last birthday  Months Da  73 yrs.	Ays Hours Min.	
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		CITIZEN OF WHAT	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
Loses Larrow	Mary Holliday		
(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	AVEST	
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH	
450.0 Congestive	e heart failure	4 days	
DUE TO			
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B)	eumitic Fever		
STATING UNDERLYING CAUSE LAST. DUE TO GENERALIZE	ed Arteriosclerosis		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ACTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	d Depression	lj tas.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO		20. AUTOPSY7	
21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21B. PLACE (Home, farm, fac	ctory. 21c. WHERE DID (City or town) (County, etc. INJURY OCCUR?	y) (State)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	D   21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from alive on alive on 1955, and that death occurred at SIGNATURE	11:55PM, from the causes and on the date s		
West H. Hailyset	A.D. Talou Park, laryland	6-21-35	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or		
DATE REC'D BY LOCAL REGISTRAND SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	

AUG 25 1955

BECEINED

MARYLAND	STATE	DEPARTMENT	of	HEALTH—BALTIMORE,	18)7979	)
7964		RTIFICATE			Dist. No. 2	3

7964 CEH	RTIFICATI	E OF DEAT	TH Reg. Dis	st. No. 215
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:		
Manda and and		Mary	land county Mon	toomerv
COUNTY Montgomery  CITY (If outside corporate limits, write RURAL)	MARYLAND	STATE Mary	corporate limits, write RURAL	
OR and give nearest town)	(in this place)	OR		, and ,
X TOWN Bethesda Rural	2 days		er Spring	56
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rurai give location	n)
5/STREET ADDRESS U. S. Naval Hosp	ital	2809	Sheraton Street	
3. NAME OF (First) (Mic		(Last)	4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) Carol Anne	WILSO	ON	OF DEATH: August	30 1955
5. SEX:  6. COLOR OR  7. SINGLE, MARR	IED.   8. DATE		9. AGE iast birthday IF UNDER	
Female Caucasian (Specify): Sing	ORCED. 8-28	-55	yrs. Months	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KINI	OF BUSINESS		State or foreign country):  12	
work done during most of working life, even if retired):	INDUSTRY:	Dathard Ma	myrland .	U. S.
13. FATHER'S NAME:	_	Bethesda, Ma		0.0.
10. TATHER O TAME				
Edward R. WILSON		Marie E. MI		
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates	CIAL SECURITY NO.	Father Edwa	rd R. WILSON	
	ne	Same as abov	e	
ANTECEDENT CAUSE (\$)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	· The	ematur	ity	
(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE	UTING			
DISEASE OR CONDITION CAUSING DEATH.				
19A. DATE OF OPERATION: 19B. MAJOR FINDI	NGS OF OPERATION	N		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH OF INJUI	CE (Home, farm, fac RY street, office bldg.,	etc. INJURY OCCU	OID (City or town) (Cou	inty) (State)
		21F. HOW DID I	NJURY OCCUR?	
22. I hereby certify that I attended the dece	28 A11	g 1055 to 30	Aug 10 55 that T la	at saw the decess
alive on 30 Alig 19 55, and that	death occurred at	9:25 Am, from th	ne causes and on the date	e stated above.
	IS Naval Ho	ADDRESS	Bethesda, Maryla	ate signed and
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMET	ERY OR CREMATORY	LOCATION (City, town,	or county) (Stat
REMOVAL (SPECIFY)	Arlington N			ai ni o
Burial 9-4-55 DATE REC'D BY LOCAL REGISTRAR'S SIGN		24. FUNERAL D	Arlington, Vir	ADDRESS
REGISTRAR 5	100	7557 Wiscons	sin Avenue. Bethe	sda, Md.



BECEINED